

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 1

Proc	Mod	Payment Rate	Facility Rate
A4263	00	\$25.75	
A4266	00	\$9.05	
A4267	00	\$0.90	
A4269	FP	\$5.75	
A4340	00	\$25.66	
A4351	00	\$1.72	
A4357	00	\$9.22	
A4358	00	\$5.36	
A4461	00	\$3.12	
A4463	00	\$12.65	
A4550	FP	\$6.75	
A4550	00	\$6.75	
A4561	00	\$19.57	
A4562	00	\$48.66	
A4570	00	\$20.00	
A4580	00	\$17.80	
A4590	00	\$25.80	
A4614	00	\$22.60	
A4627	00	\$32.30	
A4641	00	M	
A9500	00	\$105.05	
A9502	00	\$106.83	
A9503	00	\$13.77	
A9505	00	\$30.60	
A9516	00	M	
A9517	00	M	
A9527	00	M	
A9537	00	M	
A9550	00	M	
A9551	00	M	
A9552	00	\$250.00	
A9553	00	M	
A9554	00	M	
A9555	00	M	
A9556	00	M	
A9557	00	M	
A9558	00	M	
A9559	00	M	
A9560	00	M	
A9561	00	M	
A9562	00	M	
A9563	00	M	
A9564	00	M	
A9567	00	M	
A9568	00	M	
A9576	00	\$2.46	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 2

Proc	Mod	Payment Rate	Facility Rate
A9577	00	\$2.85	
A9578	00	\$2.68	
A9579	00	\$2.55	
A9580	00	M	
A9600	00	\$838.18	
A9604	00	M	
A9698	00	M	
D1206	00	\$17.00	
E0112	LL	\$2.83	
E0112	NU	\$24.08	
E0112	UE	\$18.37	
G0104	00	\$99.17	\$47.75
G0105	00	\$293.96	\$168.63
G0121	00	\$293.96	\$168.63
G0130	TC	\$16.43	
G0130	00	\$25.08	
G0130	26	\$8.65	
G0166	00	\$116.96	
G0202	TC	\$72.91	
G0202	00	\$101.78	
G0202	26	\$28.87	
G0204	TC	\$84.15	
G0204	00	\$119.84	
G0204	26	\$35.69	
G0206	TC	\$66.31	
G0206	00	\$95.18	
G0206	26	\$28.87	
G0237	00	\$7.86	
G0238	00	\$10.62	
G0239	00	\$9.47	
G0364	00	\$10.01	\$7.48
G0372	00	\$9.06	\$6.82
G9008	00	\$78.38	
G9009	00	\$18.88	
G9010	00	\$20.32	
G9011	00	\$13.12	
G9012	00	M	
H0002	00	\$65.00	
J0120	00	\$2.02	
J0128	00	\$66.35	
J0129	00	\$18.91	
J0130	00	\$627.61	
J0133	00	\$0.17	
J0150	00	\$11.47	
J0152	00	\$72.78	
J0170	00	\$1.19	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 3

Proc	Mod	Payment Rate	Facility Rate
J0180	00	\$131.84	
J0190	00	\$2.90	
J0200	00	\$0.82	
J0205	00	\$40.64	
J0207	00	\$494.81	
J0210	00	\$41.00	
J0215	00	\$31.09	
J0220	00	\$123.00	
J0256	00	\$3.64	
J0270	00	\$1.80	
J0275	00	\$25.91	
J0280	00	\$0.60	
J0282	00	\$1.04	
J0285	00	\$24.99	
J0287	00	\$21.16	
J0288	00	\$13.12	
J0289	00	\$33.18	
J0290	00	\$5.52	
J0295	00	\$5.14	
J0300	00	\$12.25	
J0330	00	\$0.22	
J0350	00	\$2,361.45	
J0360	00	\$13.33	
J0380	00	\$1.22	
J0390	00	\$18.39	
J0395	00	\$206.26	
J0400	00	\$0.31	
J0456	00	\$19.40	
J0461	00	\$0.04	
J0470	00	\$27.02	
J0475	00	\$208.12	
J0476	00	\$68.88	
J0500	00	\$17.04	
J0515	00	\$33.00	
J0520	00	\$4.47	
J0559	00	\$0.08	
J0560	00	\$26.55	
J0570	00	\$45.99	
J0580	00	\$70.11	
J0585	00	\$6.99	
J0586	00	\$6.99	
J0587	00	\$10.23	
J0592	00	\$1.11	
J0595	00	\$2.20	
J0598	00	\$41.33	
J0600	00	\$76.14	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 4

Proc	Mod	Payment Rate	Facility Rate
J0610	00	\$0.65	
J0620	00	\$12.63	
J0630	00	\$49.53	
J0636	00	\$1.02	
J0640	00	\$1.86	
J0670	00	\$2.57	
J0690	00	\$4.56	
J0692	00	\$11.50	
J0694	00	\$10.33	
J0696	00	\$12.90	
J0697	00	\$4.59	
J0698	00	\$20.56	
J0702	00	\$6.57	
J0704	00	\$0.98	
J0706	00	\$3.28	
J0710	00	\$1.34	
J0713	00	\$4.41	
J0715	00	\$5.97	
J0720	00	\$24.50	
J0725	00	\$4.62	
J0735	00	\$77.74	
J0740	00	\$728.16	
J0743	00	\$17.49	
J0744	00	\$6.81	
J0745	00	\$1.72	
J0760	00	\$5.74	
J0770	00	\$50.64	
J0780	00	\$3.25	
J0800	00	\$2,335.07	
J0833	00	\$109.24	
J0834	00	\$109.24	
J0850	00	\$888.41	
J0881	00	\$5.06	
J0882	00	\$5.06	
J0885	00	\$13.59	
J0886	00	\$13.59	
J0894	00	\$27.49	
J0895	00	\$16.88	
J0900	00	\$1.52	
J0945	00	\$0.02	
J0970	00	\$40.25	
J1000	00	\$6.74	
J1020	00	\$3.10	
J1030	00	\$5.68	
J1040	00	\$10.63	
J1051	00	\$7.68	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 5

Proc	Mod	Payment Rate	Facility Rate
J1055	FP	\$54.07	
J1055	00	\$54.07	
J1056	FP	\$22.45	
J1056	00	\$22.45	
J1060	00	\$5.67	
J1070	00	\$5.70	
J1080	00	\$13.82	
J1094	00	\$0.77	
J1100	00	\$0.20	
J1110	00	\$85.50	
J1120	00	\$46.13	
J1160	00	\$6.67	
J1165	00	\$1.14	
J1170	00	\$2.40	
J1180	00	\$8.01	
J1190	00	\$215.62	
J1200	00	\$1.95	
J1205	00	\$293.55	
J1212	00	\$76.88	
J1240	00	\$4.87	
J1245	00	\$2.57	
J1250	00	\$2.92	
J1260	00	\$8.40	
J1270	00	\$6.39	
J1300	00	\$175.00	
J1320	00	\$0.19	
J1325	00	\$13.58	
J1327	00	\$20.99	
J1330	00	\$2.76	
J1364	00	\$10.17	
J1380	00	\$10.45	
J1390	00	\$20.91	
J1410	00	\$81.76	
J1435	00	\$0.11	
J1436	00	\$67.88	
J1438	00	\$186.14	
J1440	00	\$232.60	
J1441	00	\$339.12	
J1450	00	\$18.94	
J1452	00	\$854.00	
J1453	00	\$1.61	
J1455	00	\$11.17	
J1459	00	\$44.31	
J1460	00	\$14.64	
J1470	00	\$29.29	
J1480	00	\$43.92	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 6

Proc	Mod	Payment Rate	Facility Rate
J1490	00	\$58.58	
J1500	00	\$73.22	
J1510	00	\$87.92	
J1520	00	\$102.43	
J1530	00	\$117.16	
J1540	00	\$131.89	
J1550	00	\$146.45	
J1561	00	\$48.83	
J1566	00	\$52.07	
J1568	00	\$54.21	
J1569	00	\$58.90	
J1570	00	\$60.21	
J1571	00	\$74.94	
J1572	00	\$41.33	
J1573	00	\$65.32	
J1580	00	\$0.66	
J1590	00	\$0.83	
J1600	00	\$12.81	
J1610	00	\$79.87	
J1620	00	\$186.39	
J1626	00	\$7.50	
J1630	00	\$4.76	
J1631	00	\$1.53	
J1642	00	\$0.24	
J1644	00	\$0.75	
J1645	00	\$14.99	
J1650	00	\$7.34	
J1655	00	\$3.71	
J1670	00	\$228.89	
J1680	00	\$89.38	
J1700	00	\$0.28	
J1710	00	\$4.99	
J1720	00	\$3.05	
J1730	00	\$106.12	
J1740	00	\$140.70	
J1742	00	\$463.58	
J1743	00	\$448.98	
J1745	00	\$61.87	
J1750	00	\$23.32	
J1756	00	\$0.57	
J1785	00	\$4.06	
J1790	00	\$4.23	
J1800	00	\$8.16	
J1810	00	\$11.60	
J1815	00	\$0.39	
J1825	00	\$566.29	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 7

Proc	Mod	Payment Rate	Facility Rate
J1830	00	\$140.43	
J1835	00	\$41.77	
J1840	00	\$7.29	
J1850	00	\$1.11	
J1885	00	\$0.84	
J1890	00	\$9.27	
J1931	00	\$24.74	
J1940	00	\$0.76	
J1950	00	\$564.39	
J1955	00	\$19.25	
J1956	00	\$17.86	
J1960	00	\$3.73	
J1980	00	\$11.21	
J1990	00	\$22.52	
J2001	00	\$0.95	
J2010	00	\$5.84	
J2020	00	\$46.90	
J2060	00	\$1.28	
J2150	00	\$2.25	
J2175	00	\$1.70	
J2180	00	\$4.20	
J2185	00	\$6.48	
J2210	00	\$6.08	
J2250	00	\$0.84	
J2260	00	\$2.40	
J2270	00	\$1.04	
J2271	00	\$0.88	
J2275	00	\$2.07	
J2300	00	\$1.28	
J2310	00	\$7.11	
J2320	00	\$3.45	
J2321	00	\$7.18	
J2322	00	\$14.71	
J2323	00	\$8.08	
J2353	00	\$123.42	
J2354	00	\$4.21	
J2355	00	\$250.92	
J2357	00	\$19.20	
J2360	00	\$19.90	
J2370	00	\$0.90	
J2400	00	\$21.84	
J2405	00	\$2.01	
J2410	00	\$2.67	
J2430	00	\$48.78	
J2440	00	\$2.33	
J2460	00	\$1.03	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 8

Proc	Mod	Payment Rate	Facility Rate
J2469	00	\$25.04	
J2501	00	\$4.79	
J2503	00	\$1,019.88	
J2505	00	\$2,998.25	
J2510	00	\$11.69	
J2515	00	\$12.22	
J2540	00	\$0.78	
J2543	00	\$6.59	
J2545	00	\$80.98	
J2550	00	\$2.71	
J2560	00	\$3.85	
J2562	00	\$256.25	
J2590	00	\$2.59	
J2597	00	\$4.25	
J2650	00	\$0.66	
J2670	00	\$3.19	
J2675	00	\$3.12	
J2680	00	\$5.70	
J2690	00	\$7.65	
J2700	00	\$2.32	
J2710	00	\$0.37	
J2720	00	\$1.18	
J2724	00	\$11.81	
J2725	00	\$16.71	
J2730	00	\$88.87	
J2760	00	\$55.35	
J2765	00	\$0.68	
J2770	00	\$149.74	
J2778	00	\$399.75	
J2780	00	\$1.52	
J2785	00	\$51.85	
J2788	00	\$32.18	
J2790	00	\$96.72	
J2791	00	\$10.46	
J2792	00	\$20.58	
J2794	00	\$5.04	
J2795	00	\$0.08	
J2796	00	\$42.66	
J2800	00	\$28.66	
J2820	00	\$31.83	
J2910	00	\$26.59	
J2916	00	\$7.05	
J2920	00	\$2.89	
J2930	00	\$6.20	
J2940	00	\$45.51	
J2941	00	\$63.49	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 9

Proc	Mod	Payment Rate	Facility Rate
J2950	00	\$0.87	
J2993	00	\$1,424.58	
J2995	00	\$76.41	
J2997	00	\$39.49	
J3000	00	\$12.01	
J3010	00	\$0.38	
J3030	00	\$83.43	
J3070	00	\$10.56	
J3101	00	\$51.55	
J3105	00	\$3.94	
J3120	00	\$7.72	
J3130	00	\$14.94	
J3140	00	\$0.53	
J3150	00	\$0.69	
J3230	00	\$10.67	
J3240	00	\$937.36	
J3246	00	\$2.16	
J3250	00	\$4.93	
J3260	00	\$1.59	
J3265	00	\$2.10	
J3280	00	\$5.15	
J3285	00	\$56.68	
J3301	00	\$1.83	
J3302	00	\$1.27	
J3303	00	\$2.42	
J3305	00	\$153.99	
J3310	00	\$6.21	
J3315	00	\$620.13	
J3320	00	\$31.05	
J3350	00	\$1.49	
J3360	00	\$0.98	
J3364	00	\$9.27	
J3365	00	\$442.62	
J3370	00	\$9.49	
J3396	00	\$9.70	
J3400	00	\$11.15	
J3410	00	\$0.54	
J3420	00	\$0.73	
J3430	00	\$3.91	
J3470	00	\$20.50	
J3473	00	\$0.62	
J3475	00	\$0.17	
J3480	00	\$0.03	
J3485	00	\$1.22	
J3487	00	\$219.34	
J3488	00	\$217.81	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 10

Proc	Mod	Payment Facility Rate	Rate
J3490	FP	M	
J3490	TH	\$20.00	
J3490	00	M	
J7030	00	\$1.34	
J7040	00	\$1.44	
J7042	00	\$1.36	
J7050	00	\$1.24	
J7060	00	\$1.35	
J7070	00	\$2.70	
J7100	00	\$21.48	
J7110	00	\$11.48	
J7120	00	\$1.52	
J7130	00	\$1.94	
J7300	FP	\$385.04	
J7300	00	\$385.04	
J7302	FP	\$480.43	
J7302	00	\$480.43	
J7307	FP	\$610.16	
J7307	00	\$610.16	
J7308	00	\$149.93	
J7311	00	M	
J7321	00	\$119.54	
J7323	00	\$130.06	
J7324	00	\$210.66	
J7325	00	\$14.43	
J7501	00	\$112.75	
J7513	00	\$488.61	
J7525	00	\$140.63	
J7676	00	M	
J9000	00	\$9.37	
J9001	00	\$463.81	
J9010	00	\$564.52	
J9015	00	\$848.99	
J9017	00	\$37.25	
J9020	00	\$57.29	
J9025	00	\$4.78	
J9027	00	\$115.31	
J9031	00	\$144.44	
J9033	00	\$17.71	
J9035	00	\$56.38	
J9040	00	\$44.72	
J9041	00	\$36.78	
J9045	00	\$25.24	
J9050	00	\$175.69	
J9055	00	\$49.20	
J9060	00	\$3.68	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 11

Proc	Mod	Payment Rate	Facility Rate
J9062	00	\$18.42	
J9065	00	\$51.77	
J9070	00	\$4.68	
J9080	00	\$9.36	
J9090	00	\$23.41	
J9091	00	\$46.82	
J9092	00	\$93.64	
J9093	00	\$2.29	
J9094	00	\$4.36	
J9095	00	\$21.08	
J9096	00	\$30.13	
J9097	00	\$68.62	
J9100	00	\$2.16	
J9110	00	\$10.80	
J9120	00	\$514.84	
J9130	00	\$8.83	
J9140	00	\$17.90	
J9150	00	\$36.14	
J9151	00	\$56.60	
J9155	00	\$3.83	
J9160	00	\$1,399.12	
J9165	00	\$13.01	
J9171	00	\$18.84	
J9178	00	\$11.93	
J9181	00	\$0.89	
J9185	00	\$266.78	
J9190	00	\$3.57	
J9200	00	\$122.49	
J9201	00	\$141.38	
J9202	00	\$385.39	
J9206	00	\$132.38	
J9207	00	\$63.00	
J9208	00	\$48.65	
J9209	00	\$16.12	
J9211	00	\$352.16	
J9212	00	\$9.41	
J9213	00	\$44.37	
J9214	00	\$16.62	
J9215	00	\$17.63	
J9216	00	\$377.23	
J9217	00	\$524.55	
J9218	00	\$22.52	
J9219	00	M	
J9226	00	\$14,852.25	
J9230	00	\$145.37	
J9245	00	\$1,603.02	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 12

Proc	Mod	Payment Rate	Facility Rate
J9250	00	\$0.27	
J9260	00	\$2.68	
J9263	00	\$9.88	
J9264	00	\$9.26	
J9265	00	\$34.92	
J9266	00	\$2,689.60	
J9268	00	\$2,062.71	
J9270	00	\$84.69	
J9280	00	\$32.33	
J9290	00	\$129.32	
J9291	00	\$192.26	
J9293	00	\$164.51	
J9303	00	\$87.00	
J9305	00	\$49.38	
J9310	00	\$553.60	
J9320	00	\$286.37	
J9330	00	\$48.21	
J9340	00	\$117.88	
J9350	00	\$1,031.47	
J9355	00	\$63.63	
J9357	00	\$609.93	
J9360	00	\$1.85	
J9370	00	\$11.77	
J9375	00	\$23.54	
J9380	00	\$77.46	
J9390	00	\$52.62	
J9395	00	\$82.28	
J9600	00	\$2,777.75	
J9999	00	M	
L0120	00	\$18.57	
L0150	00	\$77.27	
L1610	00	\$27.10	
L1830	00	\$66.96	
L3650	00	\$36.16	
L3660	00	\$62.09	
L3670	00	\$86.55	
P7001	00	\$8.00	
Q0091	FP	\$31.98	\$14.84
Q0091	00	\$31.98	\$14.84
Q0111	FP	\$5.15	
Q0111	00	\$5.15	
Q0112	FP	\$5.36	
Q0112	00	\$5.36	
Q0113	00	\$2.95	
Q0138	00	\$0.77	
Q0139	00	\$0.77	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 13

Proc	Mod	Payment Rate	Facility Rate
Q0144	00	\$16.00	
Q2004	00	M	
Q2009	00	M	
Q2017	00	M	
Q3001	00	M	
Q4081	00	\$1.36	
Q4100	00	M	
Q4101	00	\$14.65	
Q4104	00	\$10.05	
Q4105	00	\$10.05	
Q9951	00	M	
Q9953	00	\$30.41	
Q9954	00	\$8.98	
Q9956	00	\$40.42	
Q9957	00	\$61.89	
Q9960	00	M	
Q9961	00	M	
Q9962	00	M	
Q9963	00	M	
Q9964	00	M	
Q9965	00	\$0.34	
Q9966	00	\$0.39	
Q9967	00	\$0.45	
S0023	00	\$2.51	
S0080	00	\$38.70	
S0191	00	\$1.77	
S0199	00	\$288.03	
S4993	00	\$2.31	
S9211	00	\$5.50	
T1023	00	\$10.00	
T2010	00	\$75.00	
V2500	00	\$13.00	
V2501	00	\$22.00	
V2510	00	\$30.00	
V2511	00	\$42.00	
V2520	00	\$17.00	
V2521	00	\$50.00	
V2599	00	M	
V2630	00	\$175.00	
V2632	00	\$175.00	
V5264	00	\$60.00	
V5265	00	\$60.00	
X0025	00	\$20.00	
X0096	00	\$12.00	
X0191	00	\$1.77	
X0199	00	\$288.03	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 14

Proc	Mod	Payment Rate	Facility Rate
01967	00	\$508.00	
01968	00	\$215.00	
10021	00	\$101.20	\$52.86
10021	52	\$50.60	\$26.43
10022	00	\$104.01	\$52.58
10022	52	\$52.01	\$26.29
10040	00	\$73.01	\$64.30
10060	00	\$78.19	\$67.79
10061	00	\$134.58	\$120.81
10080	00	\$115.43	\$69.34
10081	00	\$182.23	\$121.53
10120	00	\$95.45	\$66.50
10121	00	\$185.85	\$135.84
10140	00	\$109.72	\$86.68
10160	00	\$89.23	\$69.85
10180	00	\$164.34	\$127.52
11000	00	\$38.69	\$24.64
11001	00	\$16.32	\$12.38
11001	52	\$8.16	\$6.19
11004	00	\$444.29	
11005	00	\$579.46	
11006	00	\$546.00	
11008	00	\$207.36	
11008	52	\$103.68	
11010	00	\$331.59	\$209.07
11011	00	\$370.01	\$225.57
11012	00	\$504.81	\$325.80
11040	00	\$33.76	\$21.11
11041	00	\$39.39	\$26.18
11042	00	\$53.31	\$35.05
11043	00	\$195.39	\$171.50
11044	00	\$266.91	\$236.00
11055	00	\$34.55	\$17.68
11056	00	\$42.37	\$24.95
11057	00	\$51.18	\$32.35
11100	00	\$73.59	\$36.78
11101	00	\$24.23	\$18.89
11200	00	\$58.21	\$49.50
11201	00	\$13.77	\$12.64
11300	00	\$47.99	\$22.42
11301	00	\$66.26	\$38.16
11302	00	\$79.34	\$47.31
11303	00	\$93.10	\$55.44
11305	00	\$49.57	\$28.22
11306	00	\$68.77	\$42.91
11307	00	\$81.29	\$50.66

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 15

Proc	Mod	Payment Rate	Facility Rate
11308	00	\$91.34	\$60.71
11310	00	\$60.01	\$32.47
11311	00	\$76.54	\$47.59
11312	00	\$88.36	\$54.63
11313	00	\$110.65	\$72.99
11400	00	\$81.49	\$53.95
11401	00	\$100.58	\$71.91
11402	00	\$112.16	\$79.57
11403	00	\$129.31	\$101.20
11404	00	\$147.23	\$112.67
11406	00	\$208.73	\$169.10
11420	00	\$82.56	\$58.39
11421	00	\$107.44	\$79.06
11422	00	\$120.00	\$95.26
11423	00	\$139.92	\$111.26
11424	00	\$161.51	\$128.35
11426	00	\$232.28	\$196.31
11440	00	\$90.35	\$69.84
11441	00	\$114.92	\$91.88
11442	00	\$129.52	\$102.56
11443	00	\$155.91	\$126.96
11444	00	\$197.15	\$163.14
11446	00	\$269.34	\$231.40
11450	00	\$245.13	\$167.85
11451	00	\$320.70	\$221.79
11462	00	\$241.69	\$161.32
11463	00	\$329.55	\$226.14
11470	00	\$269.40	\$191.28
11471	00	\$338.75	\$240.68
11600	00	\$125.98	\$81.58
11601	00	\$155.93	\$105.63
11602	00	\$171.41	\$116.32
11603	00	\$195.20	\$138.43
11604	00	\$215.60	\$152.09
11606	00	\$304.42	\$225.73
11620	00	\$128.68	\$82.88
11621	00	\$157.36	\$106.78
11622	00	\$178.27	\$123.20
11623	00	\$208.68	\$151.92
11624	00	\$234.75	\$172.64
11626	00	\$285.64	\$215.67
11640	00	\$134.39	\$87.18
11641	00	\$165.48	\$113.78
11642	00	\$191.09	\$134.33
11643	00	\$225.31	\$167.98
11644	00	\$278.13	\$209.28

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 16

Proc	Mod	Payment Facility	
		Rate	Rate
11646	00	\$367.13	\$294.35
11719	00	\$15.10	\$6.96
11719	52	\$7.55	\$3.48
11720	00	\$22.28	\$13.01
11721	00	\$32.05	\$22.21
11730	00	\$70.62	\$45.05
11732	00	\$32.98	\$23.43
11732	52	\$16.49	\$11.72
11740	00	\$31.98	\$23.27
11750	00	\$153.36	\$128.63
11752	00	\$218.16	\$192.03
11755	00	\$95.12	\$63.92
11760	00	\$141.90	\$95.25
11762	00	\$191.91	\$147.23
11765	00	\$90.01	\$48.99
11770	00	\$183.09	\$129.14
11771	00	\$376.70	\$299.13
11772	00	\$457.17	\$389.72
11900	00	\$40.29	\$23.44
11900	52	\$20.15	\$11.72
11901	00	\$51.36	\$36.47
11901	52	\$25.68	\$18.24
11920	00	\$128.85	\$84.74
11921	00	\$147.06	\$99.85
11960	00	\$659.19	
11970	00	\$433.11	
11971	00	\$320.09	\$214.15
11975	FP	\$96.31	\$62.87
11975	00	\$96.31	\$62.87
11975	52	\$48.16	\$31.44
11976	FP	\$108.42	\$73.57
11976	00	\$108.42	\$73.57
11976	52	\$54.21	\$36.79
11977	FP	\$175.20	\$139.79
11977	00	\$175.20	\$139.79
11977	52	\$87.60	\$69.90
11980	00	\$77.49	\$62.03
11981	FP	\$99.55	\$65.27
11981	00	\$99.55	\$65.27
11981	52	\$49.78	\$32.64
11982	FP	\$114.61	\$79.48
11982	00	\$114.61	\$79.48
11982	52	\$57.31	\$39.74
11983	FP	\$178.88	\$146.00
11983	00	\$178.88	\$146.00
11983	52	\$89.44	\$73.00

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 17

Proc	Mod	Payment Rate	Facility Rate
12001	00	\$105.16	\$76.22
12002	00	\$112.09	\$84.55
12004	00	\$132.30	\$99.42
12005	00	\$165.01	\$123.98
12006	00	\$204.97	\$156.64
12007	00	\$231.84	\$178.73
12011	00	\$111.66	\$78.78
12013	00	\$123.29	\$89.84
12014	00	\$145.58	\$108.21
12015	00	\$183.10	\$135.90
12016	00	\$218.94	\$165.83
12017	00	\$197.30	
12018	00	\$243.35	
12020	00	\$189.45	\$136.62
12021	00	\$112.72	\$98.95
12031	00	\$167.73	\$114.90
12032	00	\$215.74	\$141.27
12034	00	\$213.24	\$147.77
12035	00	\$259.35	\$172.79
12036	00	\$284.45	\$199.01
12037	00	\$320.93	\$231.57
12041	00	\$175.96	\$123.13
12042	00	\$205.43	\$144.16
12044	00	\$236.64	\$155.14
12045	00	\$261.92	\$179.59
12046	00	\$309.90	\$211.26
12047	00	\$332.70	\$231.25
12051	00	\$189.04	\$131.71
12052	00	\$214.56	\$154.71
12053	00	\$235.74	\$157.35
12054	00	\$249.48	\$167.14
12055	00	\$300.75	\$203.79
12056	00	\$354.78	\$248.28
12057	00	\$397.22	\$284.81
13100	00	\$224.64	\$171.81
13101	00	\$283.99	\$209.24
13102	00	\$77.07	\$55.99
13102	52	\$38.54	\$28.00
13120	00	\$233.59	\$179.64
13121	00	\$314.61	\$237.33
13122	00	\$86.36	\$64.16
13122	52	\$43.18	\$32.08
13131	00	\$258.32	\$202.96
13132	00	\$415.05	\$342.84
13133	00	\$122.69	\$99.92
13133	52	\$61.35	\$49.96

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 18

Proc	Mod	Payment Facility	
		Rate	Rate
13150	00	\$256.95	\$201.59
13151	00	\$293.54	\$235.08
13152	00	\$405.08	\$317.12
13153	00	\$134.47	\$108.05
13153	52	\$67.24	\$54.03
13160	00	\$590.60	
14000	00	\$437.05	\$361.47
14001	00	\$569.17	\$480.36
14020	00	\$492.44	\$413.75
14021	00	\$625.44	\$535.80
14040	00	\$549.13	\$472.13
14041	00	\$683.78	\$583.73
14060	00	\$559.39	\$498.69
14061	00	\$732.37	\$622.49
14301	00	\$634.99	\$538.10
14302	00	\$139.70	
14350	00	\$548.89	
15002	00	\$237.45	\$168.61
15002	52	\$118.73	\$84.31
15003	00	\$51.63	\$34.20
15003	52	\$25.82	\$17.10
15004	00	\$288.33	\$210.78
15004	52	\$144.17	\$105.39
15005	00	\$87.24	\$67.85
15005	52	\$43.62	\$33.93
15040	00	\$179.16	\$94.86
15050	00	\$382.40	\$316.36
15100	00	\$615.17	\$518.49
15101	00	\$134.51	\$83.37
15101	52	\$67.26	\$41.69
15110	00	\$610.19	\$535.72
15111	00	\$89.36	\$80.65
15111	52	\$44.68	\$40.33
15115	00	\$619.00	\$555.77
15116	00	\$121.45	\$111.34
15116	52	\$60.73	\$55.67
15120	00	\$670.46	\$570.41
15121	00	\$190.37	\$127.70
15121	52	\$95.19	\$63.85
15130	00	\$478.19	\$405.12
15131	00	\$72.76	\$66.01
15131	52	\$36.38	\$33.01
15135	00	\$619.85	\$558.87
15136	00	\$67.28	\$62.78
15136	52	\$33.64	\$31.39
15150	00	\$503.47	\$464.69

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 19

Proc	Mod	Payment Rate	Facility Rate
15151	00	\$94.29	\$87.26
15151	52	\$47.15	\$43.63
15152	00	\$122.57	\$114.70
15152	52	\$61.29	\$57.35
15155	00	\$531.39	\$499.08
15156	00	\$131.02	\$124.56
15156	52	\$65.51	\$62.28
15157	00	\$144.53	\$135.26
15157	52	\$72.27	\$67.63
15170	00	\$308.90	\$269.56
15171	00	\$69.53	\$66.44
15171	52	\$34.77	\$33.22
15175	00	\$393.22	\$356.13
15176	00	\$111.20	\$105.30
15176	52	\$55.60	\$52.65
15200	00	\$572.24	\$475.85
15201	00	\$104.83	\$59.59
15201	52	\$52.42	\$29.80
15220	00	\$543.72	\$449.30
15221	00	\$97.58	\$54.58
15221	52	\$48.79	\$27.29
15240	00	\$654.66	\$574.85
15241	00	\$131.12	\$85.32
15241	52	\$65.56	\$42.66
15260	00	\$712.42	\$625.58
15261	00	\$153.29	\$107.48
15261	52	\$76.65	\$53.74
15300	00	\$247.40	\$213.96
15300	52	\$123.70	\$106.98
15301	00	\$46.72	\$43.35
15301	52	\$23.36	\$21.68
15320	00	\$279.10	\$242.28
15320	52	\$139.55	\$121.14
15321	00	\$69.66	\$65.17
15321	52	\$34.83	\$32.59
15330	00	\$227.77	\$193.48
15330	52	\$113.89	\$96.74
15331	00	\$46.72	\$43.64
15331	52	\$23.36	\$21.82
15335	00	\$240.48	\$207.05
15336	00	\$65.11	\$60.05
15336	52	\$32.56	\$30.03
15340	00	\$227.68	\$197.33
15341	00	\$33.76	\$20.84
15341	52	\$16.88	\$10.42
15360	00	\$257.40	\$221.71

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 20

Proc	Mod	Payment Rate	Facility Rate
15361	00	\$52.50	\$48.01
15361	52	\$26.25	\$24.01
15365	00	\$253.85	\$221.81
15366	00	\$64.75	\$59.98
15366	52	\$32.38	\$29.99
15400	00	\$281.74	\$255.33
15401	00	\$67.23	\$43.07
15401	52	\$33.62	\$21.54
15420	00	\$317.64	\$283.36
15421	00	\$83.15	\$64.33
15421	52	\$41.58	\$32.17
15430	00	\$374.32	\$361.39
15430	52	\$187.16	\$180.70
15431	00	M	
15431	52	M	
15570	00	\$627.99	\$518.67
15572	00	\$610.43	\$525.55
15574	00	\$644.43	\$555.63
15576	00	\$573.47	\$488.88
15600	00	\$228.05	\$143.47
15610	00	\$230.08	\$169.94
15620	00	\$306.81	\$226.72
15630	00	\$324.78	\$248.06
15650	00	\$362.74	\$279.84
15731	00	\$815.09	\$741.47
15732	00	\$1,079.90	\$966.37
15734	00	\$1,105.39	\$986.80
15736	00	\$977.56	\$851.10
15738	00	\$1,045.17	\$928.55
15740	00	\$728.97	\$630.62
15750	00	\$665.44	
15756	00	\$1,756.25	
15757	00	\$1,743.53	
15758	00	\$1,742.45	
15760	00	\$603.70	\$515.46
15770	00	\$475.55	
15823	00	\$474.03	\$437.78
15830	00	\$849.40	
15840	00	\$741.07	
15841	00	\$1,240.43	
15842	00	\$1,954.82	
15845	00	\$697.63	
15847	00	M	
15847	52	M	
15851	00	\$66.56	\$34.81
15851	52	\$33.28	\$17.41

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 21

Proc	Mod	Payment Rate	Facility Rate
15852	00	\$36.07	
15852	52	\$18.04	
15860	00	\$84.45	
15860	52	\$42.23	
15920	00	\$424.83	
15922	00	\$539.01	
15931	00	\$485.00	
15933	00	\$595.81	
15934	00	\$665.06	
15935	00	\$790.50	
15936	00	\$644.49	
15937	00	\$752.99	
15940	00	\$498.35	
15941	00	\$645.70	
15944	00	\$636.37	
15945	00	\$706.72	
15946	00	\$1,183.92	
15950	00	\$412.04	
15951	00	\$587.81	
15952	00	\$618.16	
15953	00	\$688.08	
15956	00	\$829.12	
15958	00	\$845.29	
15999	00	M	
16000	00	\$49.79	\$35.46
16020	00	\$57.96	\$41.66
16025	00	\$105.81	\$85.58
16030	00	\$126.29	\$97.06
16035	00	\$160.59	
16036	00	\$63.91	
16036	52	\$31.96	
17000	00	\$55.90	\$39.32
17000	52	\$27.95	\$19.66
17003	00	\$5.40	\$3.43
17003	52	\$2.70	\$1.72
17004	00	\$125.98	\$99.28
17004	52	\$62.99	\$49.64
17106	00	\$246.92	\$204.21
17106	52	\$123.46	\$102.11
17107	00	\$326.14	\$269.09
17108	00	\$418.91	\$352.87
17110	00	\$77.12	\$48.73
17110	52	\$38.56	\$24.37
17111	00	\$91.95	\$61.04
17111	52	\$45.98	\$30.52
17250	00	\$52.31	\$26.74

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 22

Proc	Mod	Payment Facility	
		Rate	Rate
17260	00	\$67.90	\$49.36
17261	00	\$100.84	\$66.55
17262	00	\$123.24	\$85.30
17263	00	\$136.08	\$94.49
17264	00	\$145.64	\$100.96
17266	00	\$165.77	\$117.73
17270	00	\$104.92	\$72.04
17271	00	\$115.95	\$81.11
17272	00	\$132.92	\$94.14
17273	00	\$148.50	\$106.34
17274	00	\$176.20	\$130.68
17276	00	\$204.38	\$157.17
17280	00	\$98.30	\$65.42
17281	00	\$126.03	\$91.47
17282	00	\$146.22	\$106.31
17283	00	\$177.05	\$133.21
17284	00	\$206.25	\$159.03
17286	00	\$261.48	\$213.71
17311	00	\$494.91	\$287.24
17312	00	\$295.53	\$152.77
17312	52	\$147.77	\$76.39
17313	00	\$451.46	\$257.84
17314	00	\$273.89	\$141.81
17314	52	\$136.95	\$70.91
17315	00	\$59.43	\$40.33
17315	52	\$29.72	\$20.17
17340	00	\$35.78	\$34.67
17999	00	M	
19000	00	\$81.40	\$35.60
19001	00	\$20.89	\$17.79
19001	52	\$10.45	\$8.90
19020	00	\$305.17	\$205.41
19030	00	\$125.70	\$64.72
19030	52	\$62.85	\$32.36
19100	00	\$99.78	\$52.00
19101	00	\$228.02	\$156.36
19102	00	\$164.58	\$84.49
19103	00	\$411.42	\$154.85
19105	00	\$1,557.97	\$155.14
19110	00	\$317.04	\$231.89
19112	00	\$295.98	\$208.02
19120	00	\$330.90	\$285.38
19125	00	\$366.66	\$316.92
19126	00	\$120.02	
19126	52	\$60.01	
19260	00	\$872.82	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 23

Proc	Mod	Payment Rate	Facility Rate
19271	00	\$1,182.04	
19272	00	\$1,310.72	
19290	00	\$121.58	\$53.57
19291	00	\$52.69	\$26.56
19295	00	\$66.18	
19296	00	\$2,772.90	\$154.67
19297	00	\$70.03	
19297	52	\$35.02	
19298	00	\$953.61	\$255.84
19300	00	\$350.97	\$276.21
19301	00	\$445.59	
19302	00	\$633.86	
19303	00	\$689.81	
19304	00	\$395.17	
19305	00	\$791.85	
19306	00	\$829.17	
19307	00	\$833.80	
19316	00	\$563.62	
19318	00	\$826.84	
19328	00	\$351.74	
19330	00	\$452.45	
19340	00	\$294.71	
19342	00	\$665.51	
19350	00	\$603.53	\$489.73
19355	00	\$504.46	\$408.35
19357	00	\$1,118.21	
19361	00	\$1,204.89	
19364	00	\$2,057.91	
19366	00	\$1,016.48	
19367	00	\$1,329.14	
19368	00	\$1,646.32	
19369	00	\$1,504.24	
19370	00	\$490.60	
19371	00	\$565.36	
19380	00	\$553.83	
19499	00	M	
20000	00	\$146.55	\$114.23
20005	00	\$218.20	\$175.49
20100	00	\$440.56	
20101	00	\$278.79	\$149.80
20102	00	\$326.85	\$182.97
20103	00	\$398.76	\$259.66
20150	00	\$709.26	
20200	00	\$135.02	\$68.98
20205	00	\$185.09	\$110.05
20206	00	\$186.80	\$48.81

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 24

Proc	Mod	Payment Rate	Facility Rate
20220	00	\$129.86	\$61.02
20225	00	\$484.82	\$91.96
20240	00	\$168.44	
20245	00	\$459.03	
20250	00	\$274.76	
20251	00	\$304.53	
20500	00	\$84.83	\$70.22
20501	00	\$94.66	\$32.28
20520	00	\$135.66	\$103.91
20525	00	\$328.66	\$181.97
20526	00	\$55.13	\$43.60
20526	52	\$27.57	\$21.80
20550	00	\$42.78	\$32.10
20551	00	\$42.36	\$32.80
20552	00	\$38.59	\$27.91
20553	00	\$43.21	\$31.12
20555	00	\$257.53	
20600	00	\$40.13	\$30.57
20605	00	\$42.99	\$31.75
20610	00	\$55.26	\$37.83
20612	00	\$42.77	\$32.65
20612	52	\$21.39	\$16.33
20615	00	\$156.44	\$117.95
20615	52	\$78.22	\$58.98
20650	00	\$142.08	\$115.67
20660	00	\$187.31	\$177.19
20660	52	\$93.66	\$88.60
20661	00	\$333.97	
20662	00	\$351.14	
20663	00	\$322.49	
20664	00	\$551.20	
20664	52	\$275.60	
20665	00	\$88.00	\$74.24
20670	00	\$275.97	\$108.49
20680	00	\$423.15	\$304.28
20690	00	\$402.92	
20690	52	\$201.46	
20692	00	\$753.60	
20693	00	\$334.46	
20694	00	\$302.52	\$244.07
20696	00	\$800.47	
20696	52	\$400.24	
20697	00	\$929.74	
20802	00	\$1,847.94	
20805	00	\$2,262.00	
20808	00	\$3,048.73	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 25

Proc	Mod	Payment Rate	Facility Rate
20816	00	\$1,676.36	
20822	00	\$1,418.96	
20824	00	\$1,669.45	
20827	00	\$1,477.94	
20838	00	\$1,880.20	
20900	00	\$297.43	\$191.49
20900	52	\$148.72	\$95.75
20902	00	\$265.42	
20902	52	\$132.71	
20910	00	\$315.04	
20910	52	\$157.52	
20912	00	\$354.80	
20912	52	\$177.40	
20920	00	\$298.64	
20920	52	\$149.32	
20922	00	\$440.47	\$366.85
20922	52	\$220.24	\$183.43
20924	00	\$368.30	
20924	52	\$184.15	
20926	00	\$318.11	
20926	52	\$159.06	
20930	00	\$100.00	
20930	52	\$50.00	
20931	00	\$84.00	
20931	52	\$42.00	
20936	00	\$224.25	
20936	52	\$112.13	
20937	00	\$128.57	
20937	52	\$64.29	
20938	00	\$139.34	
20938	52	\$69.67	
20950	00	\$173.37	\$67.14
20955	00	\$1,906.26	
20956	00	\$1,978.28	
20957	00	\$1,893.27	
20962	00	\$1,937.96	
20969	00	\$2,116.14	
20970	00	\$2,115.52	
20972	00	\$1,942.49	
20973	00	\$2,039.85	
20974	00	\$46.89	\$35.09
20974	52	\$23.45	\$17.55
20975	00	\$131.82	
20975	52	\$65.91	
20979	00	\$38.74	\$27.22
20982	00	\$2,666.95	\$316.82

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 26

Proc	Mod	Payment Rate	Facility Rate
20985	00	\$113.97	
20985	52	\$56.99	
20999	00	M	
21010	00	\$536.95	
21011	00	\$189.24	\$148.32
21012	00	\$202.73	
21013	00	\$294.27	\$239.19
21014	00	\$313.37	
21015	00	\$311.22	
21016	00	\$626.91	
21025	00	\$636.61	\$545.84
21026	00	\$420.13	\$350.15
21030	00	\$351.66	\$291.24
21031	00	\$269.34	\$207.80
21032	00	\$272.91	\$204.91
21034	00	\$966.92	\$865.48
21040	00	\$354.47	\$289.55
21044	00	\$647.73	
21045	00	\$904.57	
21046	00	\$792.89	
21047	00	\$965.46	
21048	00	\$804.62	
21049	00	\$935.85	
21050	00	\$632.32	
21060	00	\$578.08	
21070	00	\$468.37	
21073	00	\$260.98	\$174.71
21100	00	\$502.19	\$289.18
21110	00	\$529.05	\$452.33
21116	00	\$106.32	\$33.26
21116	52	\$53.16	\$16.63
21159	00	\$2,074.11	
21172	00	\$1,322.32	
21175	00	\$1,593.39	
21179	00	\$1,093.74	
21179	52	\$546.87	
21180	00	\$1,245.17	
21188	00	\$1,206.41	
21193	00	\$918.30	
21195	00	\$987.38	
21206	00	\$832.88	
21208	00	\$1,218.86	\$605.41
21209	00	\$581.41	\$463.10
21210	00	\$1,454.34	\$604.26
21215	00	\$2,462.04	\$629.25
21230	00	\$564.07	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 27

Proc	Mod	Payment Rate	Facility Rate
21235	00	\$518.44	\$413.34
21240	00	\$813.37	
21242	00	\$746.29	
21243	00	\$1,224.61	
21244	00	\$763.53	
21245	00	\$820.91	\$674.22
21246	00	\$630.05	
21248	00	\$771.22	\$645.05
21249	00	\$1,070.74	\$915.62
21256	00	\$865.41	
21260	00	\$975.92	
21261	00	\$1,666.24	
21263	00	\$1,502.37	
21267	00	\$1,135.69	
21268	00	\$1,405.37	
21270	00	\$657.46	\$517.51
21275	00	\$593.33	
21280	00	\$383.72	
21282	00	\$252.75	
21295	00	\$125.83	
21296	00	\$306.64	
21299	00	M	
21310	00	\$74.89	\$22.05
21310	54	\$44.93	\$13.23
21310	55	\$29.96	\$8.82
21315	00	\$183.89	\$107.45
21315	54	\$110.33	\$64.47
21315	55	\$73.56	\$42.98
21320	00	\$177.08	\$100.65
21320	54	\$106.25	\$60.39
21320	55	\$70.83	\$40.26
21325	00	\$335.39	
21325	54	\$201.23	
21325	55	\$134.16	
21330	00	\$412.11	
21335	00	\$535.87	
21335	54	\$321.52	
21335	55	\$214.35	
21336	00	\$460.91	
21336	54	\$276.55	
21336	55	\$184.36	
21337	00	\$276.41	\$205.59
21337	54	\$165.85	\$123.35
21337	55	\$110.56	\$82.24
21338	00	\$525.37	
21338	54	\$315.22	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 28

Proc	Mod	Payment Rate	Facility Rate
21338	55	\$210.15	
21339	00	\$587.13	
21339	54	\$352.28	
21339	55	\$234.85	
21340	00	\$591.30	
21340	54	\$354.78	
21340	55	\$236.52	
21343	00	\$836.24	
21343	54	\$501.74	
21343	55	\$334.50	
21344	00	\$1,102.35	
21344	54	\$661.41	
21344	55	\$440.94	
21345	00	\$576.46	\$479.23
21345	54	\$345.88	\$287.54
21345	55	\$230.58	\$191.69
21346	00	\$691.78	
21346	54	\$415.07	
21346	55	\$276.71	
21347	00	\$802.33	
21347	54	\$481.40	
21347	55	\$320.93	
21348	00	\$853.36	
21348	54	\$512.02	
21348	55	\$341.34	
21355	00	\$312.09	\$236.78
21355	54	\$187.25	\$142.07
21355	55	\$124.84	\$94.71
21356	00	\$348.86	\$271.01
21356	54	\$209.32	\$162.61
21356	55	\$139.54	\$108.40
21360	00	\$385.94	
21360	54	\$231.56	
21360	55	\$154.38	
21365	00	\$812.16	
21365	54	\$487.30	
21365	55	\$324.86	
21366	00	\$899.65	
21366	54	\$539.79	
21366	55	\$359.86	
21385	00	\$520.98	
21385	54	\$312.59	
21385	55	\$208.39	
21386	00	\$487.26	
21386	54	\$292.36	
21386	55	\$194.90	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 29

Proc	Mod	Payment Rate	Facility Rate
21387	00	\$543.46	
21387	54	\$326.08	
21387	55	\$217.38	
21390	00	\$565.17	
21390	54	\$339.10	
21390	55	\$226.07	
21395	00	\$712.82	
21395	54	\$427.69	
21395	55	\$285.13	
21400	00	\$124.86	\$103.23
21400	54	\$74.92	\$61.94
21400	55	\$49.94	\$41.29
21401	00	\$332.37	\$212.94
21401	54	\$199.42	\$127.76
21401	55	\$132.95	\$85.18
21406	00	\$394.21	
21406	54	\$236.53	
21406	55	\$157.68	
21407	00	\$466.97	
21407	54	\$280.18	
21407	55	\$186.79	
21408	00	\$642.50	
21408	54	\$385.50	
21408	55	\$257.00	
21421	00	\$513.45	\$440.66
21421	54	\$308.07	\$264.40
21421	55	\$205.38	\$176.26
21422	00	\$487.33	
21422	54	\$292.40	
21422	55	\$194.93	
21423	00	\$579.63	
21423	54	\$347.78	
21423	55	\$231.85	
21431	00	\$530.49	
21432	00	\$487.22	
21433	00	\$1,256.27	
21435	00	\$990.49	
21436	00	\$1,457.91	
21440	00	\$371.71	\$310.17
21440	54	\$223.03	\$186.10
21440	55	\$148.68	\$124.07
21445	00	\$530.02	\$440.37
21445	54	\$318.01	\$264.22
21445	55	\$212.01	\$176.15
21450	00	\$387.83	\$325.72
21450	54	\$232.70	\$195.43

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 30

Proc	Mod	Payment Facility	
		Rate	Rate
21450	55	\$155.13	\$130.29
21451	00	\$513.04	\$438.85
21451	54	\$307.82	\$263.31
21451	55	\$205.22	\$175.54
21452	00	\$417.61	\$234.38
21452	54	\$250.57	\$140.63
21452	55	\$167.04	\$93.75
21453	00	\$594.02	\$529.11
21453	54	\$356.41	\$317.47
21453	55	\$237.61	\$211.64
21454	00	\$401.51	
21454	55	\$160.60	
21461	00	\$1,335.77	\$656.27
21461	54	\$801.46	\$393.76
21461	55	\$534.31	\$262.51
21462	00	\$1,445.06	\$727.90
21462	54	\$867.04	\$436.74
21462	55	\$578.02	\$291.16
21465	00	\$667.27	
21465	54	\$400.36	
21465	55	\$266.91	
21470	00	\$871.67	
21470	54	\$523.00	
21470	55	\$348.67	
21480	00	\$63.87	\$24.81
21485	00	\$458.23	\$393.04
21490	00	\$673.28	
21495	00	\$488.57	
21495	54	\$293.14	
21495	55	\$195.43	
21499	00	M	
21501	00	\$308.65	\$227.71
21502	00	\$381.57	
21510	00	\$336.45	
21550	00	\$181.38	\$116.47
21552	00	\$269.25	
21554	00	\$442.98	
21555	00	\$305.25	\$240.33
21556	00	\$301.09	
21557	00	\$427.60	
21558	00	\$831.40	
21600	00	\$401.52	
21610	00	\$779.58	
21615	00	\$495.81	
21616	00	\$631.49	
21620	00	\$382.33	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 31

Proc	Mod	Payment Rate	Facility Rate
21627	00	\$400.93	
21630	00	\$937.68	
21632	00	\$928.59	
21700	00	\$313.44	
21705	00	\$477.56	
21720	00	\$298.76	
21725	00	\$387.03	
21740	00	\$809.30	
21742	00	M	
21743	00	M	
21750	00	\$535.90	
21800	00	\$69.30	\$70.43
21800	54	\$41.58	\$42.26
21800	55	\$27.72	\$28.17
21805	00	\$185.40	
21810	00	\$365.35	
21820	00	\$92.30	\$93.43
21820	54	\$55.38	\$56.06
21820	55	\$36.92	\$37.37
21825	00	\$414.22	
21825	54	\$248.53	
21825	55	\$165.69	
21899	00	M	
21920	00	\$181.11	\$116.47
21925	00	\$298.90	\$244.10
21930	00	\$333.56	\$270.62
21931	00	\$281.39	
21932	00	\$403.83	
21933	00	\$445.27	
21935	00	\$857.88	
21936	00	\$863.38	
22010	00	\$658.16	
22015	00	\$654.47	
22100	00	\$590.24	
22101	00	\$590.11	
22102	00	\$588.01	
22102	52	\$294.01	
22103	00	\$107.61	
22110	00	\$733.61	
22112	00	\$712.23	
22114	00	\$729.76	
22116	00	\$106.70	
22116	52	\$53.35	
22206	00	\$1,757.64	
22207	00	\$1,735.14	
22208	00	\$440.39	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 32

Proc	Mod	Payment Rate	Facility Rate
22208	52	\$220.20	
22210	00	\$1,282.14	
22212	00	\$1,063.55	
22214	00	\$1,069.96	
22216	00	\$279.63	
22216	52	\$139.82	
22220	00	\$1,153.71	
22222	00	\$1,059.80	
22224	00	\$1,147.17	
22226	00	\$278.50	
22226	52	\$139.25	
22305	00	\$131.73	\$121.90
22305	54	\$79.04	\$73.14
22305	55	\$52.69	\$48.76
22310	00	\$205.39	\$192.18
22310	54	\$123.23	\$115.31
22310	55	\$82.16	\$76.87
22315	00	\$608.23	\$543.03
22315	54	\$364.94	\$325.82
22315	55	\$243.29	\$217.21
22318	00	\$1,150.98	
22319	00	\$1,264.51	
22325	00	\$1,011.82	
22325	54	\$607.09	
22325	55	\$404.73	
22326	00	\$1,053.04	
22326	54	\$631.82	
22326	55	\$421.22	
22327	00	\$1,047.15	
22327	54	\$628.29	
22327	55	\$418.86	
22328	00	\$211.04	
22328	52	\$105.52	
22328	54	\$126.62	
22328	55	\$84.42	
22505	00	\$89.96	
22520	00	\$1,632.09	\$434.12
22521	00	\$1,589.14	\$409.15
22522	00	\$191.65	
22522	52	\$95.83	
22523	00	\$453.91	
22524	00	\$435.07	
22525	00	\$203.95	
22525	52	\$101.98	
22526	00	\$1,372.51	\$258.00
22548	00	\$1,340.96	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 33

Proc	Mod	Payment Rate	Facility Rate
22554	00	\$922.17	
22556	00	\$1,205.94	
22558	00	\$1,114.68	
22585	00	\$254.54	
22585	52	\$127.27	
22590	00	\$1,111.56	
22595	00	\$1,056.11	
22600	00	\$904.89	
22610	00	\$894.19	
22612	00	\$1,161.34	
22614	00	\$297.50	
22614	52	\$148.75	
22630	00	\$1,113.10	
22632	00	\$241.47	
22632	52	\$120.74	
22800	00	\$985.62	
22802	00	\$1,569.14	
22804	00	\$1,814.41	
22808	00	\$1,337.09	
22810	00	\$1,495.08	
22812	00	\$1,637.39	
22818	00	\$1,644.26	
22819	00	\$1,892.67	
22830	00	\$586.40	
22840	00	\$580.09	
22840	52	\$290.05	
22841	00	\$412.50	
22841	52	\$206.25	
22842	00	\$581.62	
22842	52	\$290.81	
22843	00	\$619.71	
22843	52	\$309.86	
22844	00	\$760.82	
22844	52	\$380.41	
22845	00	\$553.79	
22845	52	\$276.90	
22846	00	\$575.06	
22846	52	\$287.53	
22847	00	\$636.12	
22847	52	\$318.06	
22848	00	\$277.30	
22848	52	\$138.65	
22849	00	\$952.63	
22850	00	\$518.47	
22851	00	\$309.36	
22851	52	\$154.68	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 34

Proc	Mod	Rate	Payment Facility Rate
22852	00	\$495.97	
22855	00	\$804.52	
22856	00	\$1,202.08	
22857	00	\$1,271.23	
22899	00	M	
22900	00	\$299.87	
22901	00	\$397.79	
22902	00	\$252.56	
22903	00	\$263.89	
22904	00	\$622.26	
22905	00	\$806.67	
22999	00	M	
23000	00	\$373.22	\$258.01
23020	00	\$501.80	
23030	00	\$297.53	\$186.53
23031	00	\$270.98	\$154.35
23035	00	\$497.73	
23040	00	\$522.60	
23044	00	\$414.12	
23065	00	\$152.74	\$121.82
23066	00	\$355.12	\$244.12
23071	00	\$250.03	
23073	00	\$414.53	
23075	00	\$182.59	\$128.91
23076	00	\$409.23	
23077	00	\$873.34	
23078	00	\$839.36	
23100	00	\$351.66	
23101	00	\$323.36	
23105	00	\$461.61	
23106	00	\$343.46	
23107	00	\$479.73	
23120	00	\$414.37	
23125	00	\$510.75	
23130	00	\$435.90	
23140	00	\$372.60	
23145	00	\$501.79	
23146	00	\$435.31	
23150	00	\$475.25	
23155	00	\$575.05	
23156	00	\$488.44	
23170	00	\$384.09	
23172	00	\$394.39	
23174	00	\$546.00	
23180	00	\$496.61	
23182	00	\$479.23	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 35

Proc	Mod	Payment Rate	Facility Rate
23184	00	\$541.09	
23190	00	\$403.25	
23195	00	\$547.26	
23200	00	\$647.79	
23210	00	\$677.38	
23220	00	\$784.30	
23330	00	\$157.43	\$107.41
23331	00	\$424.74	
23332	00	\$646.85	
23350	00	\$113.62	\$42.24
23350	52	\$56.81	\$21.12
23395	00	\$943.79	
23397	00	\$845.39	
23400	00	\$715.66	
23405	00	\$459.14	
23406	00	\$574.57	
23410	00	\$607.93	
23412	00	\$635.19	
23415	00	\$505.77	
23420	00	\$713.71	
23430	00	\$540.10	
23440	00	\$557.35	
23450	00	\$700.18	
23455	00	\$746.95	
23460	00	\$808.52	
23462	00	\$793.83	
23465	00	\$827.60	
23466	00	\$816.05	
23470	00	\$901.04	
23472	00	\$1,117.26	
23480	00	\$601.23	
23485	00	\$711.05	
23490	00	\$617.19	
23491	00	\$748.35	
23500	00	\$145.81	\$144.97
23500	54	\$87.49	\$86.98
23500	55	\$58.32	\$57.99
23505	00	\$240.50	\$228.42
23505	54	\$144.30	\$137.05
23505	55	\$96.20	\$91.37
23515	00	\$511.70	
23515	54	\$307.02	
23515	55	\$204.68	
23520	00	\$151.09	\$151.94
23525	00	\$235.98	\$221.36
23530	00	\$391.04	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 36

Proc	Mod	Rate	Rate
23532	00	\$449.00	
23540	00	\$149.76	\$147.80
23545	00	\$216.86	\$200.55
23550	00	\$414.26	
23552	00	\$477.21	
23570	00	\$155.79	\$157.76
23570	54	\$93.47	\$94.66
23570	55	\$62.32	\$63.10
23575	00	\$266.91	\$252.30
23575	54	\$160.15	\$151.38
23575	55	\$106.76	\$100.92
23585	00	\$698.27	
23585	54	\$418.96	
23585	55	\$279.31	
23600	00	\$217.43	\$201.70
23600	54	\$130.46	\$121.02
23600	55	\$86.97	\$80.68
23605	00	\$322.22	\$298.61
23605	54	\$193.33	\$179.17
23605	55	\$128.89	\$119.44
23615	00	\$636.36	
23615	54	\$381.82	
23615	55	\$254.54	
23616	00	\$944.74	
23616	54	\$566.84	
23616	55	\$377.90	
23620	00	\$179.07	\$169.23
23620	54	\$107.44	\$101.54
23620	55	\$71.63	\$67.69
23625	00	\$261.17	\$245.99
23625	54	\$156.70	\$147.59
23625	55	\$104.47	\$98.40
23630	00	\$546.95	
23630	54	\$328.17	
23630	55	\$218.78	
23650	00	\$204.99	\$188.41
23650	54	\$122.99	\$113.05
23650	55	\$82.00	\$75.36
23655	00	\$271.49	
23660	00	\$419.79	
23665	00	\$291.14	\$274.85
23665	54	\$174.68	\$164.91
23665	55	\$116.46	\$109.94
23670	00	\$615.91	
23670	54	\$369.55	
23670	55	\$246.36	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 37

Proc	Mod	Payment Facility	
		Rate	Rate
23675	00	\$380.58	\$353.61
23675	54	\$228.35	\$212.17
23675	55	\$152.23	\$141.44
23680	00	\$665.28	
23680	54	\$399.17	
23680	55	\$266.11	
23700	00	\$141.07	
23800	00	\$753.84	
23802	00	\$917.50	
23900	00	\$981.16	
23920	00	\$793.57	
23921	00	\$287.37	
23929	00	M	
23930	00	\$247.54	\$157.05
23931	00	\$192.09	\$112.57
23935	00	\$357.67	
24000	00	\$340.28	
24006	00	\$516.69	
24065	00	\$177.37	\$120.88
24066	00	\$410.83	\$287.19
24071	00	\$242.83	
24073	00	\$416.86	
24075	00	\$332.62	\$224.43
24076	00	\$343.05	
24077	00	\$596.07	
24079	00	\$773.98	
24100	00	\$289.87	
24101	00	\$357.43	
24102	00	\$444.86	
24105	00	\$238.89	
24110	00	\$419.96	
24115	00	\$531.81	
24116	00	\$632.02	
24120	00	\$376.22	
24125	00	\$436.53	
24126	00	\$463.20	
24130	00	\$362.98	
24134	00	\$547.29	
24136	00	\$433.03	
24138	00	\$477.27	
24140	00	\$521.06	
24145	00	\$436.26	
24147	00	\$452.38	
24149	00	\$842.45	
24150	00	\$712.90	
24152	00	\$537.05	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 38

Proc	Mod	Rate	Rate
24155	00	\$621.10	
24160	00	\$437.50	
24164	00	\$357.30	
24200	00	\$138.35	\$97.89
24201	00	\$384.79	\$261.42
24220	00	\$125.20	\$55.79
24220	52	\$62.60	\$27.90
24300	00	\$277.09	
24301	00	\$548.59	
24305	00	\$418.30	
24310	00	\$341.94	
24320	00	\$565.43	
24330	00	\$521.03	
24331	00	\$576.64	
24332	00	\$436.18	
24340	00	\$443.31	
24341	00	\$522.64	
24342	00	\$572.71	
24343	00	\$507.43	
24344	00	\$793.87	
24345	00	\$504.19	
24346	00	\$795.70	
24357	00	\$317.00	
24358	00	\$374.75	
24359	00	\$473.33	
24360	00	\$659.38	
24361	00	\$740.72	
24362	00	\$782.34	
24363	00	\$1,103.78	
24365	00	\$464.43	
24366	00	\$497.91	
24400	00	\$600.85	
24410	00	\$769.20	
24420	00	\$722.27	
24430	00	\$769.32	
24435	00	\$779.02	
24470	00	\$458.41	
24495	00	\$476.66	
24498	00	\$639.05	
24500	00	\$236.83	\$215.47
24500	54	\$142.10	\$129.28
24500	55	\$94.73	\$86.19
24505	00	\$344.89	\$316.78
24505	54	\$206.93	\$190.07
24505	55	\$137.96	\$126.71
24515	00	\$640.19	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 39

Proc	Mod	Payment Rate	Facility Rate
24515	54	\$384.11	
24515	55	\$256.08	
24516	00	\$633.73	
24516	54	\$380.24	
24516	55	\$253.49	
24530	00	\$254.91	\$231.86
24530	54	\$152.95	\$139.12
24530	55	\$101.96	\$92.74
24535	00	\$432.57	\$404.18
24535	54	\$259.54	\$242.51
24535	55	\$173.03	\$161.67
24538	00	\$538.89	
24538	54	\$323.33	
24538	55	\$215.56	
24545	00	\$668.78	
24545	54	\$401.27	
24545	55	\$267.51	
24546	00	\$773.56	
24546	54	\$464.14	
24546	55	\$309.42	
24560	00	\$212.57	\$189.53
24560	54	\$127.54	\$113.72
24560	55	\$85.03	\$75.81
24565	00	\$355.57	\$330.27
24565	54	\$213.34	\$198.16
24565	55	\$142.23	\$132.11
24566	00	\$505.24	
24566	54	\$303.14	
24566	55	\$202.10	
24575	00	\$533.63	
24575	54	\$320.18	
24575	55	\$213.45	
24576	00	\$223.45	\$201.53
24576	54	\$134.07	\$120.92
24576	55	\$89.38	\$80.61
24577	00	\$370.01	\$342.74
24577	54	\$222.01	\$205.64
24577	55	\$148.00	\$137.10
24579	00	\$608.05	
24579	54	\$364.83	
24579	55	\$243.22	
24582	00	\$563.57	
24582	54	\$338.14	
24582	55	\$225.43	
24586	00	\$806.16	
24586	54	\$483.70	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 40

Proc	Mod	Payment Rate	Facility Rate
24586	55	\$322.46	
24587	00	\$803.40	
24587	54	\$482.04	
24587	55	\$321.36	
24600	00	\$252.36	\$231.00
24605	00	\$325.95	
24615	00	\$521.46	
24620	00	\$395.12	
24620	54	\$237.07	
24620	55	\$158.05	
24635	00	\$540.78	
24635	54	\$324.47	
24635	55	\$216.31	
24640	00	\$83.06	\$61.71
24640	52	\$41.53	\$30.86
24640	54	\$49.84	\$37.03
24640	55	\$33.22	\$24.68
24650	00	\$172.34	\$156.32
24650	54	\$103.40	\$93.79
24650	55	\$68.94	\$62.53
24655	00	\$299.26	\$275.38
24655	54	\$179.56	\$165.23
24655	55	\$119.70	\$110.15
24665	00	\$467.81	
24665	54	\$280.69	
24665	55	\$187.12	
24666	00	\$532.47	
24666	54	\$319.48	
24666	55	\$212.99	
24670	00	\$193.95	\$174.84
24670	54	\$116.37	\$104.90
24670	55	\$77.58	\$69.94
24675	00	\$316.02	\$292.13
24675	54	\$189.61	\$175.28
24675	55	\$126.41	\$116.85
24685	00	\$469.30	
24685	54	\$281.58	
24685	55	\$187.72	
24800	00	\$580.63	
24802	00	\$734.10	
24900	00	\$523.96	
24920	00	\$520.22	
24925	00	\$402.62	
24930	00	\$552.18	
24931	00	\$620.69	
24935	00	\$754.37	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 41

Proc	Mod	Payment Rate	Facility Rate
24940	00	\$650.00	
24999	00	M	
25000	00	\$247.51	
25001	00	\$235.28	
25020	00	\$410.77	
25023	00	\$795.41	
25024	00	\$559.26	
25025	00	\$867.63	
25028	00	\$365.84	
25031	00	\$269.60	
25035	00	\$466.57	
25040	00	\$414.36	
25065	00	\$175.98	\$119.22
25066	00	\$270.02	
25071	00	\$254.57	
25073	00	\$317.32	
25075	00	\$236.70	
25076	00	\$319.52	
25077	00	\$544.78	
25078	00	\$675.80	
25085	00	\$333.12	
25100	00	\$246.99	
25101	00	\$291.16	
25105	00	\$354.25	
25107	00	\$441.63	
25109	00	\$377.66	
25110	00	\$258.42	
25111	00	\$224.19	
25112	00	\$274.83	
25115	00	\$582.30	
25116	00	\$469.08	
25118	00	\$275.21	
25119	00	\$364.92	
25120	00	\$399.64	
25125	00	\$466.64	
25126	00	\$470.30	
25130	00	\$323.33	
25135	00	\$404.50	
25136	00	\$356.69	
25145	00	\$410.68	
25150	00	\$419.15	
25151	00	\$463.01	
25170	00	\$645.85	
25210	00	\$354.84	
25215	00	\$457.72	
25230	00	\$314.08	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 42

Proc	Mod	Payment Rate	Facility Rate
25240	00	\$318.12	
25246	00	\$127.43	\$61.40
25246	52	\$63.72	\$30.70
25248	00	\$317.10	
25250	00	\$377.63	
25251	00	\$518.10	
25259	00	\$278.09	
25260	00	\$491.06	
25263	00	\$490.39	
25265	00	\$583.30	
25270	00	\$393.60	
25272	00	\$443.53	
25274	00	\$526.47	
25275	00	\$486.44	
25280	00	\$449.82	
25290	00	\$379.59	
25295	00	\$418.38	
25300	00	\$495.76	
25301	00	\$471.65	
25310	00	\$486.98	
25312	00	\$565.14	
25315	00	\$605.96	
25316	00	\$702.69	
25320	00	\$698.53	
25332	00	\$616.53	
25335	00	\$700.99	
25337	00	\$642.39	
25350	00	\$536.16	
25355	00	\$603.25	
25360	00	\$520.12	
25365	00	\$709.52	
25370	00	\$773.71	
25375	00	\$746.34	
25390	00	\$607.56	
25391	00	\$773.36	
25392	00	\$785.92	
25393	00	\$881.75	
25400	00	\$637.03	
25405	00	\$811.57	
25415	00	\$761.85	
25420	00	\$908.31	
25425	00	\$783.69	
25426	00	\$823.87	
25430	00	\$517.30	
25431	00	\$570.90	
25440	00	\$568.44	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 43

Proc	Mod	Payment Rate	Facility Rate
25441	00	\$689.28	
25442	00	\$587.96	
25443	00	\$564.44	
25444	00	\$601.01	
25445	00	\$525.66	
25446	00	\$868.94	
25447	00	\$593.75	
25449	00	\$760.39	
25450	00	\$439.61	
25455	00	\$505.14	
25490	00	\$553.07	
25491	00	\$583.06	
25492	00	\$702.75	
25500	00	\$177.40	\$162.22
25500	54	\$106.44	\$97.33
25500	55	\$70.96	\$64.89
25505	00	\$346.58	\$321.29
25515	00	\$483.04	
25515	54	\$289.82	
25515	55	\$193.22	
25520	00	\$383.32	\$366.18
25520	54	\$229.99	\$219.71
25520	55	\$153.33	\$146.47
25525	00	\$582.68	
25525	54	\$349.61	
25525	55	\$233.07	
25526	00	\$717.93	
25526	54	\$430.76	
25526	55	\$287.17	
25530	00	\$171.15	\$154.29
25530	54	\$102.69	\$92.57
25530	55	\$68.46	\$61.72
25535	00	\$336.09	\$315.85
25535	54	\$201.65	\$189.51
25535	55	\$134.44	\$126.34
25545	00	\$451.04	
25545	54	\$270.62	
25545	55	\$180.42	
25560	00	\$179.62	\$161.35
25560	54	\$107.77	\$96.81
25560	55	\$71.85	\$64.54
25565	00	\$363.36	\$334.14
25565	54	\$218.02	\$200.48
25565	55	\$145.34	\$133.66
25574	00	\$477.22	
25574	54	\$286.33	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 44

Proc	Mod	Payment Rate	Facility Rate
25574	55	\$190.89	
25575	00	\$649.46	
25575	54	\$389.68	
25575	55	\$259.78	
25600	00	\$195.47	\$177.20
25600	52	\$97.74	\$88.60
25600	54	\$117.28	\$106.32
25600	55	\$78.19	\$70.88
25605	00	\$428.29	\$406.37
25605	54	\$256.97	\$243.82
25605	55	\$171.32	\$162.55
25606	00	\$476.06	
25606	54	\$285.64	
25606	55	\$190.42	
25607	00	\$515.93	
25607	54	\$309.56	
25607	55	\$206.37	
25608	00	\$587.68	
25608	54	\$352.61	
25608	55	\$235.07	
25609	00	\$750.78	
25609	54	\$450.47	
25609	55	\$300.31	
25622	00	\$200.36	\$180.97
25622	54	\$120.22	\$108.58
25622	55	\$80.14	\$72.39
25624	00	\$317.65	\$291.23
25624	54	\$190.59	\$174.74
25624	55	\$127.06	\$116.49
25628	00	\$518.50	
25628	54	\$311.10	
25628	55	\$207.40	
25630	00	\$205.61	\$186.50
25630	54	\$123.37	\$111.90
25630	55	\$82.24	\$74.60
25635	00	\$300.63	\$269.72
25635	54	\$180.38	\$161.83
25635	55	\$120.25	\$107.89
25645	00	\$408.01	
25645	54	\$244.81	
25645	55	\$163.20	
25650	00	\$214.56	\$198.26
25650	54	\$128.74	\$118.96
25650	55	\$85.82	\$79.30
25651	00	\$337.29	
25651	54	\$202.37	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 45

Proc	Mod	Payment Rate	Facility Rate
25651	55	\$134.92	
25652	00	\$445.06	
25652	54	\$267.04	
25652	55	\$178.02	
25660	00	\$282.64	
25670	00	\$440.58	
25671	00	\$371.17	
25675	00	\$297.54	\$275.34
25676	00	\$456.02	
25680	00	\$327.24	
25680	54	\$196.34	
25680	55	\$130.90	
25685	00	\$531.46	
25685	54	\$318.88	
25685	55	\$212.58	
25690	00	\$328.85	
25695	00	\$458.10	
25800	00	\$541.95	
25805	00	\$625.08	
25810	00	\$631.89	
25820	00	\$441.78	
25825	00	\$545.57	
25830	00	\$679.84	
25900	00	\$544.09	
25905	00	\$537.66	
25907	00	\$469.28	
25909	00	\$528.13	
25915	00	\$925.40	
25920	00	\$497.12	
25922	00	\$420.22	
25924	00	\$485.38	
25927	00	\$562.79	
25929	00	\$407.23	
25931	00	\$512.26	
25999	00	M	
26010	00	\$174.53	\$94.44
26011	00	\$265.61	\$131.56
26020	00	\$303.36	
26025	00	\$296.53	
26030	00	\$351.04	
26034	00	\$379.95	
26035	00	\$595.18	
26037	00	\$410.35	
26040	00	\$216.99	
26045	00	\$331.62	
26055	00	\$387.89	\$207.75

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 46

Proc	Mod	Payment Rate	Facility Rate
26060	00	\$185.67	
26070	00	\$212.82	
26075	00	\$225.04	
26080	00	\$270.82	
26100	00	\$227.64	
26105	00	\$232.66	
26110	00	\$223.45	
26111	00	\$247.35	
26113	00	\$325.63	
26115	00	\$426.78	\$253.12
26116	00	\$341.31	
26117	00	\$468.02	
26118	00	\$636.98	
26121	00	\$429.27	
26123	00	\$588.92	
26125	00	\$211.94	
26125	52	\$105.97	
26130	00	\$324.05	
26135	00	\$395.82	
26140	00	\$359.68	
26145	00	\$365.59	
26160	00	\$389.21	\$226.78
26170	00	\$287.19	
26180	00	\$313.83	
26185	00	\$375.85	
26200	00	\$322.33	
26205	00	\$433.95	
26210	00	\$312.20	
26215	00	\$398.35	
26230	00	\$361.08	
26235	00	\$354.78	
26236	00	\$314.06	
26250	00	\$420.02	
26260	00	\$393.22	
26262	00	\$327.57	
26320	00	\$244.14	
26340	00	\$217.33	
26350	00	\$503.51	
26352	00	\$574.41	
26356	00	\$752.17	
26357	00	\$617.17	
26358	00	\$652.97	
26370	00	\$546.16	
26372	00	\$634.30	
26373	00	\$602.94	
26390	00	\$593.93	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 47

Proc	Mod	Payment Rate	Facility Rate
26392	00	\$693.55	
26410	00	\$400.03	
26412	00	\$487.24	
26415	00	\$517.18	
26416	00	\$556.37	
26418	00	\$400.98	
26420	00	\$506.54	
26426	00	\$409.21	
26428	00	\$532.86	
26432	00	\$349.79	
26433	00	\$375.79	
26434	00	\$452.32	
26437	00	\$440.59	
26440	00	\$441.06	
26442	00	\$672.65	
26445	00	\$408.66	
26449	00	\$541.44	
26450	00	\$283.98	
26455	00	\$282.06	
26460	00	\$274.10	
26471	00	\$434.00	
26474	00	\$416.25	
26476	00	\$405.02	
26477	00	\$408.29	
26478	00	\$443.75	
26479	00	\$438.80	
26480	00	\$533.47	
26483	00	\$603.84	
26485	00	\$578.12	
26489	00	\$628.66	
26490	00	\$560.78	
26492	00	\$625.42	
26494	00	\$567.26	
26496	00	\$616.16	
26497	00	\$616.67	
26498	00	\$826.15	
26499	00	\$588.82	
26500	00	\$443.38	
26502	00	\$501.15	
26508	00	\$445.47	
26510	00	\$422.33	
26516	00	\$499.92	
26517	00	\$589.39	
26518	00	\$595.58	
26520	00	\$461.15	
26525	00	\$463.06	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 48

Proc	Mod	Payment Rate	Facility Rate
26530	00	\$383.68	
26531	00	\$447.23	
26535	00	\$288.59	
26536	00	\$475.78	
26540	00	\$468.75	
26541	00	\$574.73	
26542	00	\$485.08	
26545	00	\$493.80	
26546	00	\$695.55	
26548	00	\$544.64	
26550	00	\$1,087.42	
26551	00	\$2,359.48	
26553	00	\$2,101.53	
26554	00	\$2,702.34	
26555	00	\$990.39	
26556	00	\$2,170.53	
26560	00	\$403.31	
26561	00	\$652.60	
26562	00	\$950.52	
26565	00	\$480.76	
26567	00	\$485.48	
26568	00	\$638.83	
26580	00	\$1,015.89	
26587	00	\$698.41	
26590	00	\$923.39	
26591	00	\$307.11	
26593	00	\$421.02	
26596	00	\$526.34	
26600	00	\$187.02	\$173.25
26600	54	\$112.21	\$103.95
26600	55	\$74.81	\$69.30
26605	00	\$215.38	\$197.11
26605	54	\$129.23	\$118.27
26605	55	\$86.15	\$78.84
26607	00	\$311.60	
26607	54	\$186.96	
26607	55	\$124.64	
26608	00	\$336.56	
26608	54	\$201.94	
26608	55	\$134.62	
26615	00	\$392.87	
26615	54	\$235.72	
26615	55	\$157.15	
26641	00	\$250.05	\$229.53
26645	00	\$284.21	\$263.13
26645	54	\$170.53	\$157.88

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 49

Proc	Mod	Payment Facility	
		Rate	Rate
26645	55	\$113.68	\$105.25
26650	00	\$335.85	
26650	54	\$201.51	
26650	55	\$134.34	
26665	00	\$436.71	
26665	54	\$262.03	
26665	55	\$174.68	
26670	00	\$225.94	\$204.86
26675	00	\$302.87	\$280.95
26676	00	\$352.64	
26685	00	\$401.67	
26686	00	\$446.16	
26700	00	\$216.11	\$202.06
26705	00	\$277.84	\$256.20
26706	00	\$306.51	
26715	00	\$393.17	
26720	00	\$129.40	\$118.71
26720	54	\$77.64	\$71.23
26720	55	\$51.76	\$47.48
26725	00	\$231.92	\$209.15
26725	54	\$139.15	\$125.49
26725	55	\$92.77	\$83.66
26727	00	\$330.85	
26727	54	\$198.51	
26727	55	\$132.34	
26735	00	\$409.75	
26735	54	\$245.85	
26735	55	\$163.90	
26740	00	\$150.59	\$141.61
26740	54	\$90.35	\$84.97
26740	55	\$60.24	\$56.64
26742	00	\$254.60	\$232.41
26742	54	\$152.76	\$139.45
26742	55	\$101.84	\$92.96
26746	00	\$504.79	
26746	54	\$302.87	
26746	55	\$201.92	
26750	00	\$121.36	\$118.28
26750	54	\$72.82	\$70.97
26750	55	\$48.54	\$47.31
26755	00	\$213.39	\$186.97
26755	54	\$128.03	\$112.18
26755	55	\$85.36	\$74.79
26756	00	\$291.20	
26756	54	\$174.72	
26756	55	\$116.48	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 50

Proc	Mod	Payment Rate	Facility Rate
26765	00	\$333.18	
26765	54	\$199.91	
26765	55	\$133.27	
26770	00	\$183.27	\$168.37
26770	54	\$109.96	\$101.02
26770	55	\$73.31	\$67.35
26775	00	\$259.04	\$233.75
26775	54	\$155.42	\$140.25
26775	55	\$103.62	\$93.50
26776	00	\$310.08	
26776	54	\$186.05	
26776	55	\$124.03	
26785	00	\$364.28	
26785	54	\$218.57	
26785	55	\$145.71	
26820	00	\$561.03	
26841	00	\$518.17	
26842	00	\$564.23	
26843	00	\$522.47	
26844	00	\$583.50	
26850	00	\$494.62	
26852	00	\$568.55	
26860	00	\$394.92	
26861	00	\$79.90	
26861	52	\$39.95	
26862	00	\$516.04	
26863	00	\$178.42	
26863	52	\$89.21	
26910	00	\$508.55	
26951	00	\$438.85	
26952	00	\$459.70	
26989	00	M	
26990	00	\$444.96	
26991	00	\$493.73	\$376.27
26992	00	\$702.97	
27000	00	\$322.59	
27001	00	\$391.51	
27003	00	\$421.81	
27005	00	\$531.82	
27006	00	\$537.40	
27025	00	\$653.48	
27027	00	\$639.00	
27030	00	\$695.86	
27033	00	\$720.48	
27035	00	\$812.73	
27036	00	\$736.79	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 51

Proc	Mod	Payment Rate	Facility Rate
27040	00	\$240.91	\$149.01
27041	00	\$505.53	
27043	00	\$280.95	
27045	00	\$446.82	
27047	00	\$445.31	\$377.02
27048	00	\$345.40	
27049	00	\$736.15	
27050	00	\$252.86	
27052	00	\$402.58	
27054	00	\$494.22	
27057	00	\$712.96	
27059	00	\$1,096.89	
27060	00	\$311.75	
27062	00	\$324.15	
27065	00	\$362.10	
27066	00	\$589.68	
27067	00	\$751.79	
27070	00	\$617.91	
27071	00	\$662.95	
27075	00	\$1,719.29	
27076	00	\$1,183.99	
27077	00	\$1,989.21	
27078	00	\$746.56	
27080	00	\$358.67	
27086	00	\$171.96	\$107.33
27087	00	\$460.85	
27090	00	\$609.53	
27091	00	\$1,185.63	
27093	00	\$139.63	\$56.18
27093	52	\$69.82	\$28.09
27095	00	\$168.46	\$64.20
27095	52	\$84.23	\$32.10
27096	00	\$128.84	\$54.37
27096	52	\$64.42	\$27.19
27097	00	\$485.69	
27098	00	\$457.55	
27100	00	\$599.09	
27105	00	\$628.81	
27110	00	\$702.04	
27111	00	\$627.03	
27120	00	\$953.28	
27122	00	\$815.36	
27125	00	\$831.34	
27130	00	\$1,072.36	
27132	00	\$1,254.13	
27134	00	\$1,455.46	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 52

Proc	Mod	Payment Rate	Facility Rate
27137	00	\$1,108.36	
27138	00	\$1,153.82	
27140	00	\$660.87	
27146	00	\$934.79	
27147	00	\$1,088.98	
27151	00	\$1,136.76	
27156	00	\$1,271.83	
27158	00	\$1,023.12	
27161	00	\$902.70	
27165	00	\$1,010.04	
27170	00	\$874.52	
27175	00	\$485.38	
27176	00	\$669.77	
27177	00	\$818.70	
27178	00	\$663.62	
27179	00	\$715.12	
27181	00	\$802.60	
27185	00	\$501.18	
27187	00	\$732.71	
27193	00	\$334.50	\$337.30
27193	54	\$200.70	\$202.38
27193	55	\$133.80	\$134.92
27194	00	\$522.91	
27194	54	\$313.75	
27194	55	\$209.16	
27200	00	\$120.89	\$123.42
27200	54	\$72.53	\$74.05
27200	55	\$48.36	\$49.37
27202	00	\$462.39	
27202	54	\$277.43	
27202	55	\$184.96	
27215	00	\$540.08	
27215	54	\$324.05	
27215	55	\$216.03	
27216	00	\$792.23	
27216	54	\$475.34	
27216	55	\$316.89	
27217	00	\$749.51	
27217	54	\$449.71	
27217	55	\$299.80	
27218	00	\$1,025.70	
27218	54	\$615.42	
27218	55	\$410.28	
27220	00	\$376.96	\$374.43
27220	54	\$226.18	\$224.66
27220	55	\$150.78	\$149.77

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 53

Proc	Mod	Rate	Payment Facility Rate
27222	00	\$719.19	
27222	54	\$431.51	
27222	55	\$287.68	
27226	00	\$766.29	
27226	54	\$459.77	
27226	55	\$306.52	
27227	00	\$1,241.93	
27227	54	\$745.16	
27227	55	\$496.77	
27228	00	\$1,423.10	
27228	54	\$853.86	
27228	55	\$569.24	
27230	00	\$334.63	\$330.42
27230	54	\$200.78	\$198.25
27230	55	\$133.85	\$132.17
27232	00	\$572.30	
27232	54	\$343.38	
27232	55	\$228.92	
27235	00	\$670.22	
27235	54	\$402.13	
27235	55	\$268.09	
27236	00	\$878.95	
27236	54	\$527.37	
27236	55	\$351.58	
27238	00	\$324.11	
27238	54	\$194.47	
27238	55	\$129.64	
27240	00	\$701.85	
27240	54	\$421.11	
27240	55	\$280.74	
27244	00	\$904.48	
27244	54	\$542.69	
27244	55	\$361.79	
27245	00	\$932.56	
27245	54	\$559.54	
27245	55	\$373.02	
27246	00	\$274.04	\$274.60
27246	54	\$164.42	\$164.76
27246	55	\$109.62	\$109.84
27248	00	\$553.32	
27248	54	\$331.99	
27248	55	\$221.33	
27250	00	\$175.40	
27250	54	\$105.24	
27250	55	\$70.16	
27252	00	\$555.01	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 54

Proc	Mod	Payment Rate	Facility Rate
27252	54	\$333.01	
27252	55	\$222.00	
27253	00	\$696.47	
27253	54	\$417.88	
27253	55	\$278.59	
27254	00	\$942.70	
27254	54	\$565.62	
27254	55	\$377.08	
27256	00	\$214.06	\$182.59
27256	54	\$128.44	\$109.55
27256	55	\$85.62	\$73.04
27257	00	\$249.12	
27257	54	\$149.47	
27257	55	\$99.65	
27258	00	\$817.44	
27258	54	\$490.46	
27258	55	\$326.98	
27259	00	\$1,148.11	
27259	54	\$688.87	
27259	55	\$459.24	
27265	00	\$282.17	
27265	54	\$169.30	
27265	55	\$112.87	
27266	00	\$419.86	
27266	54	\$251.92	
27266	55	\$167.94	
27267	00	\$299.46	
27268	00	\$371.71	
27269	00	\$900.03	
27275	00	\$130.10	
27280	00	\$754.92	
27282	00	\$593.10	
27284	00	\$1,156.64	
27286	00	\$1,223.31	
27290	00	\$1,167.42	
27295	00	\$941.53	
27299	00	M	
27301	00	\$466.32	\$358.41
27303	00	\$463.62	
27305	00	\$337.76	
27306	00	\$272.36	
27307	00	\$336.13	
27310	00	\$529.37	
27323	00	\$187.35	\$129.46
27324	00	\$275.48	
27325	00	\$382.24	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 55

Proc	Mod	Payment Rate	Facility Rate
27326	00	\$351.88	
27327	00	\$318.23	\$251.90
27328	00	\$304.24	
27329	00	\$764.51	
27330	00	\$287.88	
27331	00	\$340.23	
27332	00	\$462.53	
27333	00	\$418.74	
27334	00	\$493.03	
27335	00	\$558.20	
27337	00	\$250.70	
27339	00	\$451.47	
27340	00	\$259.75	
27345	00	\$344.60	
27347	00	\$370.52	
27350	00	\$470.99	
27355	00	\$436.37	
27356	00	\$536.09	
27357	00	\$593.74	
27358	00	\$218.19	
27358	52	\$109.10	
27360	00	\$618.58	
27364	00	\$943.36	
27365	00	\$905.40	
27370	00	\$119.12	\$41.00
27370	52	\$59.56	\$20.50
27372	00	\$416.88	\$290.71
27380	00	\$426.35	
27381	00	\$583.11	
27385	00	\$456.92	
27386	00	\$604.63	
27390	00	\$316.07	
27391	00	\$412.84	
27392	00	\$510.03	
27393	00	\$365.77	
27394	00	\$473.63	
27395	00	\$642.53	
27396	00	\$444.96	
27397	00	\$658.24	
27400	00	\$497.42	
27403	00	\$465.97	
27405	00	\$491.02	
27407	00	\$562.10	
27409	00	\$707.47	
27416	00	\$709.98	
27418	00	\$609.79	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 56

Proc	Mod	Payment Rate	Facility Rate
27420	00	\$545.42	
27422	00	\$543.17	
27424	00	\$544.66	
27425	00	\$315.89	
27427	00	\$522.85	
27428	00	\$807.27	
27429	00	\$904.38	
27430	00	\$539.79	
27435	00	\$579.31	
27437	00	\$479.66	
27438	00	\$616.16	
27440	00	\$563.27	
27441	00	\$581.85	
27442	00	\$638.04	
27443	00	\$597.20	
27445	00	\$933.33	
27446	00	\$826.76	
27447	00	\$1,147.70	
27448	00	\$601.68	
27450	00	\$750.52	
27454	00	\$948.97	
27455	00	\$693.02	
27457	00	\$714.65	
27465	00	\$905.27	
27466	00	\$874.12	
27468	00	\$990.75	
27470	00	\$871.13	
27472	00	\$942.33	
27475	00	\$477.86	
27477	00	\$535.26	
27479	00	\$687.26	
27485	00	\$488.38	
27486	00	\$1,047.05	
27487	00	\$1,322.13	
27488	00	\$885.17	
27495	00	\$837.73	
27496	00	\$364.43	
27497	00	\$396.93	
27498	00	\$433.23	
27499	00	\$479.68	
27500	00	\$365.50	\$341.33
27500	54	\$219.30	\$204.80
27500	55	\$146.20	\$136.53
27501	00	\$359.84	\$355.06
27501	54	\$215.90	\$213.04
27501	55	\$143.94	\$142.02

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 57

Proc	Mod	Payment Rate	Facility Rate
27502	00	\$577.41	
27502	54	\$346.45	
27502	55	\$230.96	
27503	00	\$586.63	
27503	54	\$351.98	
27503	55	\$234.65	
27506	00	\$984.16	
27506	54	\$590.50	
27506	55	\$393.66	
27507	00	\$728.38	
27507	54	\$437.03	
27507	55	\$291.35	
27508	00	\$368.36	\$348.70
27508	54	\$221.02	\$209.22
27508	55	\$147.34	\$139.48
27509	00	\$464.57	
27509	54	\$278.74	
27509	55	\$185.83	
27510	00	\$509.70	
27510	54	\$305.82	
27510	55	\$203.88	
27511	00	\$755.23	
27511	54	\$453.14	
27511	55	\$302.09	
27513	00	\$950.21	
27513	54	\$570.13	
27513	55	\$380.08	
27514	00	\$758.52	
27514	54	\$455.11	
27514	55	\$303.41	
27516	00	\$344.36	\$325.82
27516	54	\$206.62	\$195.49
27516	55	\$137.74	\$130.33
27517	00	\$489.31	
27517	54	\$293.59	
27517	55	\$195.72	
27519	00	\$686.81	
27519	54	\$412.09	
27519	55	\$274.72	
27520	00	\$215.69	\$196.02
27520	54	\$129.41	\$117.61
27520	55	\$86.28	\$78.41
27524	00	\$550.93	
27524	54	\$330.56	
27524	55	\$220.37	
27530	00	\$271.51	\$253.53

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 58

Proc	Mod	Payment Facility	
		Rate	Rate
27530	54	\$162.91	\$152.12
27530	55	\$108.60	\$101.41
27532	00	\$437.01	\$414.81
27532	54	\$262.21	\$248.89
27532	55	\$174.80	\$165.92
27535	00	\$674.33	
27535	54	\$404.60	
27535	55	\$269.73	
27536	00	\$876.56	
27536	54	\$525.94	
27536	55	\$350.62	
27538	00	\$325.34	\$305.95
27538	54	\$195.20	\$183.57
27538	55	\$130.14	\$122.38
27540	00	\$607.01	
27540	54	\$364.21	
27540	55	\$242.80	
27550	00	\$346.49	\$324.01
27550	54	\$207.89	\$194.41
27550	55	\$138.60	\$129.60
27552	00	\$448.60	
27552	54	\$269.16	
27552	55	\$179.44	
27556	00	\$675.28	
27556	54	\$405.17	
27556	55	\$270.11	
27557	00	\$809.39	
27557	54	\$485.63	
27557	55	\$323.76	
27558	00	\$911.19	
27558	54	\$546.71	
27558	55	\$364.48	
27560	00	\$253.18	\$230.70
27560	54	\$151.91	\$138.42
27560	55	\$101.27	\$92.28
27562	00	\$331.06	
27562	54	\$198.64	
27562	55	\$132.42	
27566	00	\$657.15	
27566	54	\$394.29	
27566	55	\$262.86	
27570	00	\$105.95	
27580	00	\$1,067.36	
27590	00	\$615.89	
27591	00	\$679.02	
27592	00	\$521.30	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 59

Proc	Mod	Payment Rate	Facility Rate
27594	00	\$375.05	
27596	00	\$545.16	
27598	00	\$553.09	
27599	00	M	
27600	00	\$311.35	
27601	00	\$322.61	
27602	00	\$382.79	
27603	00	\$369.41	\$281.45
27604	00	\$323.94	\$247.79
27605	00	\$256.90	\$148.99
27606	00	\$218.35	
27607	00	\$450.12	
27610	00	\$480.37	
27612	00	\$420.04	
27613	00	\$176.08	\$121.84
27614	00	\$397.54	\$301.43
27615	00	\$649.35	
27616	00	\$770.40	
27618	00	\$347.28	\$278.98
27619	00	\$554.28	\$433.44
27620	00	\$337.06	
27625	00	\$437.78	
27626	00	\$472.11	
27630	00	\$378.18	\$271.39
27632	00	\$248.27	
27634	00	\$405.71	
27635	00	\$433.77	
27637	00	\$550.58	
27638	00	\$574.08	
27640	00	\$636.95	
27641	00	\$510.84	
27645	00	\$772.37	
27646	00	\$683.85	
27647	00	\$608.67	
27648	00	\$114.90	\$40.72
27648	52	\$57.45	\$20.36
27650	00	\$495.05	
27652	00	\$547.44	
27654	00	\$534.73	
27656	00	\$379.91	\$256.54
27658	00	\$281.04	
27659	00	\$370.15	
27664	00	\$267.40	
27665	00	\$306.72	
27675	00	\$377.62	
27676	00	\$457.71	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 60

Proc	Mod	Payment Rate	Facility Rate
27680	00	\$318.63	
27681	00	\$379.54	
27685	00	\$450.73	\$352.37
27686	00	\$414.59	
27687	00	\$341.32	
27690	00	\$471.11	
27691	00	\$551.74	
27692	00	\$84.63	
27692	52	\$42.32	
27695	00	\$363.06	
27696	00	\$435.24	
27698	00	\$488.63	
27700	00	\$464.24	
27702	00	\$737.48	
27703	00	\$854.17	
27704	00	\$416.83	
27705	00	\$565.28	
27707	00	\$285.48	
27709	00	\$834.44	
27712	00	\$807.55	
27715	00	\$788.37	
27720	00	\$646.81	
27722	00	\$645.53	
27724	00	\$953.22	
27725	00	\$885.71	
27726	00	\$681.39	
27727	00	\$720.11	
27730	00	\$427.12	
27732	00	\$292.71	
27734	00	\$440.05	
27740	00	\$487.34	
27742	00	\$514.11	
27745	00	\$554.51	
27750	00	\$233.21	\$214.66
27750	54	\$139.93	\$128.80
27750	55	\$93.28	\$85.86
27752	00	\$378.12	\$353.95
27752	54	\$226.87	\$212.37
27752	55	\$151.25	\$141.58
27756	00	\$411.87	
27756	54	\$247.12	
27756	55	\$164.75	
27758	00	\$652.26	
27758	54	\$391.36	
27758	55	\$260.90	
27759	00	\$739.67	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 61

Proc	Mod	Payment Rate	Facility Rate
27759	54	\$443.80	
27759	55	\$295.87	
27760	00	\$224.73	\$204.77
27760	54	\$134.84	\$122.86
27760	55	\$89.89	\$81.91
27762	00	\$338.10	\$313.65
27762	54	\$202.86	\$188.19
27762	55	\$135.24	\$125.46
27766	00	\$442.07	
27766	54	\$265.24	
27766	55	\$176.83	
27767	00	\$178.92	\$179.77
27768	00	\$289.94	
27769	00	\$508.40	
27780	00	\$201.04	\$182.78
27780	54	\$120.62	\$109.67
27780	55	\$80.42	\$73.11
27781	00	\$292.35	\$273.51
27781	54	\$175.41	\$164.11
27781	55	\$116.94	\$109.40
27784	00	\$505.61	
27784	54	\$303.37	
27784	55	\$202.24	
27786	00	\$212.96	\$192.45
27786	54	\$127.78	\$115.47
27786	55	\$85.18	\$76.98
27788	00	\$294.88	\$272.96
27788	54	\$176.93	\$163.78
27788	55	\$117.95	\$109.18
27792	00	\$510.63	
27792	54	\$306.38	
27792	55	\$204.25	
27808	00	\$222.52	\$200.60
27808	54	\$133.51	\$120.36
27808	55	\$89.01	\$80.24
27810	00	\$330.84	\$305.83
27810	54	\$198.50	\$183.50
27810	55	\$132.34	\$122.33
27814	00	\$567.68	
27814	54	\$340.61	
27814	55	\$227.07	
27816	00	\$211.29	\$191.06
27816	54	\$126.77	\$114.64
27816	55	\$84.52	\$76.42
27818	00	\$341.76	\$313.38
27818	54	\$205.06	\$188.03

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 62

Proc	Mod	Payment Rate	Facility Rate
27818	55	\$136.70	\$125.35
27822	00	\$621.03	
27822	54	\$372.62	
27822	55	\$248.41	
27823	00	\$708.43	
27823	54	\$425.06	
27823	55	\$283.37	
27824	00	\$212.83	\$205.24
27824	54	\$127.70	\$123.14
27824	55	\$85.13	\$82.10
27825	00	\$389.68	\$359.89
27825	54	\$233.81	\$215.93
27825	55	\$155.87	\$143.96
27826	00	\$598.47	
27826	54	\$359.08	
27826	55	\$239.39	
27827	00	\$795.89	
27827	54	\$477.53	
27827	55	\$318.36	
27828	00	\$954.51	
27828	54	\$572.71	
27828	55	\$381.80	
27829	00	\$478.97	
27829	54	\$287.38	
27829	55	\$191.59	
27830	00	\$247.72	\$232.83
27830	54	\$148.63	\$139.70
27830	55	\$99.09	\$93.13
27831	00	\$271.14	
27831	54	\$162.68	
27831	55	\$108.46	
27832	00	\$517.51	
27832	54	\$310.51	
27832	55	\$207.00	
27840	00	\$252.04	
27840	54	\$151.22	
27840	55	\$100.82	
27842	00	\$350.71	
27842	54	\$210.43	
27842	55	\$140.28	
27846	00	\$542.53	
27846	54	\$325.52	
27846	55	\$217.01	
27848	00	\$614.28	
27848	54	\$368.57	
27848	55	\$245.71	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 63

Proc	Mod	Payment Rate	Facility Rate
27860	00	\$130.87	
27870	00	\$776.86	
27871	00	\$508.36	
27880	00	\$693.20	
27881	00	\$663.24	
27882	00	\$468.69	
27884	00	\$434.64	
27886	00	\$495.83	
27888	00	\$523.66	
27889	00	\$513.45	
27892	00	\$401.93	
27893	00	\$406.59	
27894	00	\$625.85	
27899	00	M	
28001	00	\$192.72	\$137.08
28002	00	\$361.11	\$289.45
28003	00	\$499.08	\$426.58
28005	00	\$463.84	
28008	00	\$304.55	\$231.49
28010	00	\$170.21	\$159.81
28011	00	\$240.98	\$225.24
28020	00	\$360.53	\$270.88
28022	00	\$333.15	\$251.09
28024	00	\$316.57	\$237.88
28035	00	\$363.01	\$273.65
28039	00	\$288.88	
28041	00	\$273.49	
28043	00	\$242.46	\$196.37
28045	00	\$339.33	\$249.97
28046	00	\$622.00	\$512.97
28047	00	\$581.90	
28050	00	\$318.43	\$235.54
28052	00	\$293.77	\$214.53
28054	00	\$275.35	\$195.26
28055	00	\$301.74	
28060	00	\$358.40	\$275.21
28062	00	\$422.68	\$323.76
28070	00	\$355.03	\$269.03
28072	00	\$348.88	\$259.52
28080	00	\$343.51	\$263.14
28086	00	\$373.90	\$270.76
28088	00	\$316.84	\$225.23
28090	00	\$321.57	\$236.99
28092	00	\$289.56	\$207.50
28100	00	\$414.42	\$307.36
28102	00	\$419.29	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 64

Proc	Mod	Payment Facility	
		Rate	Rate
28103	00	\$339.42	
28104	00	\$356.36	\$269.52
28106	00	\$359.35	
28107	00	\$395.32	\$294.15
28108	00	\$299.78	\$222.50
28110	00	\$314.02	\$221.85
28111	00	\$358.15	\$259.80
28112	00	\$338.38	\$242.55
28113	00	\$406.36	\$317.56
28114	00	\$740.02	\$613.84
28116	00	\$530.69	\$437.39
28118	00	\$408.54	\$314.97
28119	00	\$364.48	\$279.05
28120	00	\$403.37	\$299.68
28122	00	\$471.45	\$385.46
28124	00	\$333.61	\$257.17
28126	00	\$268.67	\$193.09
28130	00	\$478.72	
28140	00	\$443.51	\$351.05
28150	00	\$299.86	\$220.61
28153	00	\$279.22	\$200.54
28160	00	\$286.48	\$208.92
28171	00	\$470.61	
28173	00	\$530.28	\$429.97
28175	00	\$388.07	\$302.93
28190	00	\$170.68	\$102.68
28192	00	\$329.54	\$245.52
28193	00	\$379.10	\$292.54
28200	00	\$329.43	\$244.84
28202	00	\$439.80	\$342.84
28208	00	\$317.10	\$235.05
28210	00	\$409.83	\$320.19
28220	00	\$313.78	\$237.62
28220	52	\$156.89	\$118.81
28222	00	\$363.57	\$283.49
28225	00	\$272.04	\$196.73
28226	00	\$327.13	\$245.35
28230	00	\$301.10	\$225.79
28232	00	\$266.20	\$191.44
28234	00	\$275.75	\$200.16
28238	00	\$482.68	\$384.88
28240	00	\$309.74	\$231.62
28250	00	\$394.64	\$307.52
28260	00	\$483.90	\$397.62
28261	00	\$705.42	\$607.90
28262	00	\$981.44	\$847.12

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 65

Proc	Mod	Payment Facility	
		Rate	Rate
28264	00	\$627.52	\$532.55
28270	00	\$335.12	\$256.43
28272	00	\$273.85	\$200.22
28280	00	\$367.37	\$278.57
28285	00	\$324.66	\$246.25
28286	00	\$317.52	\$236.87
28288	00	\$406.99	\$320.72
28289	00	\$515.77	\$417.69
28290	00	\$400.36	\$304.54
28292	00	\$549.18	\$450.55
28293	00	\$731.71	\$546.52
28294	00	\$530.34	\$416.24
28296	00	\$518.82	\$412.32
28297	00	\$586.37	\$463.56
28298	00	\$506.62	\$395.33
28299	00	\$653.82	\$536.63
28300	00	\$498.67	
28302	00	\$494.79	
28304	00	\$563.41	\$456.07
28305	00	\$525.17	
28306	00	\$419.75	\$307.90
28307	00	\$493.63	\$346.67
28308	00	\$380.52	\$282.44
28309	00	\$675.78	
28310	00	\$375.24	\$276.04
28312	00	\$342.49	\$245.25
28313	00	\$360.11	\$280.30
28315	00	\$331.59	\$251.21
28320	00	\$472.21	
28322	00	\$545.67	\$435.80
28340	00	\$436.53	\$341.82
28341	00	\$504.13	\$405.21
28344	00	\$332.67	\$238.53
28345	00	\$402.82	\$312.05
28400	00	\$168.96	\$155.75
28400	54	\$101.38	\$93.45
28400	55	\$67.58	\$62.30
28405	00	\$278.20	\$261.62
28405	54	\$166.92	\$156.97
28405	55	\$111.28	\$104.65
28406	00	\$381.75	
28406	54	\$229.05	
28406	55	\$152.70	
28415	00	\$843.62	
28415	54	\$506.17	
28415	55	\$337.45	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 66

Proc	Mod	Payment Facility	
		Rate	Rate
28420	00	\$889.62	
28420	54	\$533.77	
28420	55	\$355.85	
28430	00	\$158.34	\$141.76
28430	54	\$95.00	\$85.06
28430	55	\$63.34	\$56.70
28435	00	\$224.49	\$208.76
28435	54	\$134.69	\$125.26
28435	55	\$89.80	\$83.50
28436	00	\$305.32	
28436	54	\$183.19	
28436	55	\$122.13	
28445	00	\$796.58	
28445	54	\$477.95	
28445	55	\$318.63	
28446	00	\$875.98	
28450	00	\$146.42	\$131.80
28450	54	\$87.85	\$79.08
28450	55	\$58.57	\$52.72
28455	00	\$204.40	\$191.47
28455	54	\$122.64	\$114.88
28455	55	\$81.76	\$76.59
28456	00	\$195.36	
28456	54	\$117.22	
28456	55	\$78.14	
28465	00	\$454.35	
28465	54	\$272.61	
28465	55	\$181.74	
28470	00	\$146.24	\$132.47
28470	54	\$87.74	\$79.48
28470	55	\$58.50	\$52.99
28475	00	\$186.73	\$173.24
28475	54	\$112.04	\$103.94
28475	55	\$74.69	\$69.30
28476	00	\$242.09	
28476	54	\$145.25	
28476	55	\$96.84	
28485	00	\$392.13	
28485	54	\$235.28	
28485	55	\$156.85	
28490	00	\$94.01	\$82.77
28490	54	\$56.41	\$49.66
28490	55	\$37.60	\$33.11
28495	00	\$119.33	\$106.41
28495	54	\$71.60	\$63.85
28495	55	\$47.73	\$42.56

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 67

Proc	Mod	Payment Facility	
		Rate	Rate
28496	00	\$285.94	\$162.57
28496	54	\$171.56	\$97.54
28496	55	\$114.38	\$65.03
28505	00	\$466.23	\$362.82
28505	54	\$279.74	\$217.69
28505	55	\$186.49	\$145.13
28510	00	\$81.92	\$80.51
28510	54	\$49.15	\$48.31
28510	55	\$32.77	\$32.20
28515	00	\$108.03	\$99.88
28515	54	\$64.82	\$59.93
28515	55	\$43.21	\$39.95
28525	00	\$390.55	\$287.41
28525	54	\$234.33	\$172.45
28525	55	\$156.22	\$114.96
28530	00	\$78.99	\$73.38
28530	54	\$47.39	\$44.03
28530	55	\$31.60	\$29.35
28531	00	\$253.70	\$141.57
28531	54	\$152.22	\$84.94
28531	55	\$101.48	\$56.63
28540	00	\$140.67	\$131.96
28540	54	\$84.40	\$79.18
28540	55	\$56.27	\$52.78
28545	00	\$172.62	\$159.69
28546	00	\$322.22	\$215.15
28546	54	\$193.33	\$129.09
28546	55	\$128.89	\$86.06
28555	00	\$608.30	\$485.50
28555	54	\$364.98	\$291.30
28555	55	\$243.32	\$194.20
28570	00	\$121.11	\$109.58
28570	54	\$72.67	\$65.75
28570	55	\$48.44	\$43.83
28575	00	\$231.74	\$217.41
28576	00	\$256.41	
28576	54	\$153.85	
28576	55	\$102.56	
28585	00	\$650.50	\$546.25
28585	54	\$390.30	\$327.75
28585	55	\$260.20	\$218.50
28600	00	\$145.97	\$131.92
28600	54	\$87.58	\$79.15
28600	55	\$58.39	\$52.77
28605	00	\$189.28	\$177.47
28606	00	\$283.52	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 68

Proc	Mod	Rate	Rate
28606	54	\$170.11	
28606	55	\$113.41	
28615	00	\$571.17	
28615	54	\$342.70	
28615	55	\$228.47	
28630	00	\$105.01	\$82.25
28630	54	\$63.01	\$49.35
28630	55	\$42.00	\$32.90
28635	00	\$125.00	\$102.24
28636	00	\$204.83	\$151.16
28636	54	\$122.90	\$90.70
28636	55	\$81.93	\$60.46
28645	00	\$442.20	\$354.53
28645	54	\$265.32	\$212.72
28645	55	\$176.88	\$141.81
28660	00	\$76.54	\$62.77
28660	54	\$45.92	\$37.66
28660	55	\$30.62	\$25.11
28665	00	\$111.83	\$101.70
28665	54	\$67.10	\$61.02
28665	55	\$44.73	\$40.68
28666	00	\$144.66	
28666	54	\$86.80	
28666	55	\$57.86	
28675	00	\$399.55	\$294.45
28675	54	\$239.73	\$176.67
28675	55	\$159.82	\$117.78
28705	00	\$985.48	
28715	00	\$728.74	
28725	00	\$599.76	
28730	00	\$627.75	
28735	00	\$601.10	
28737	00	\$533.57	
28740	00	\$600.63	\$470.81
28750	00	\$583.80	\$447.51
28755	00	\$350.91	\$254.52
28760	00	\$555.13	\$443.29
28800	00	\$430.90	
28805	00	\$571.95	
28810	00	\$331.60	
28820	00	\$371.16	\$261.28
28825	00	\$404.47	\$299.37
28899	00	M	
29000	00	\$187.31	\$124.92
29000	52	\$93.66	\$62.46
29010	00	\$170.44	\$114.80

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 69

Proc	Mod	Payment Rate	Facility Rate
29010	52	\$85.22	\$57.40
29015	00	\$167.42	\$119.38
29015	52	\$83.71	\$59.69
29020	00	\$159.53	\$106.98
29020	52	\$79.77	\$53.49
29025	00	\$180.57	\$129.42
29025	52	\$90.29	\$64.71
29035	00	\$166.40	\$102.33
29035	52	\$83.20	\$51.17
29040	00	\$161.80	\$114.87
29040	52	\$80.90	\$57.44
29044	00	\$180.75	\$119.21
29044	52	\$90.38	\$59.61
29046	00	\$197.46	\$136.48
29046	52	\$98.73	\$68.24
29049	00	\$60.31	\$44.86
29049	52	\$30.16	\$22.43
29055	00	\$143.39	\$98.42
29055	52	\$71.70	\$49.21
29058	00	\$78.39	\$61.53
29058	52	\$39.20	\$30.77
29065	00	\$65.31	\$49.30
29065	52	\$32.66	\$24.65
29075	00	\$60.53	\$44.51
29075	52	\$30.27	\$22.26
29085	00	\$64.61	\$48.03
29085	52	\$32.31	\$24.02
29086	00	\$49.42	\$35.37
29086	52	\$24.71	\$17.69
29105	00	\$60.12	\$43.54
29105	52	\$30.06	\$21.77
29125	00	\$46.53	\$31.07
29125	52	\$23.27	\$15.54
29126	00	\$53.79	\$38.34
29126	52	\$26.90	\$19.17
29130	00	\$28.71	\$21.68
29130	52	\$14.36	\$10.84
29131	00	\$35.46	\$24.50
29131	52	\$17.73	\$12.25
29200	00	\$38.14	\$30.27
29200	52	\$19.07	\$15.14
29240	00	\$42.53	\$33.53
29240	52	\$21.27	\$16.77
29260	00	\$36.58	\$27.59
29260	52	\$18.29	\$13.80
29280	00	\$35.35	\$26.07

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 70

Proc	Mod	Payment Facility	
		Rate	Rate
29280	52	\$17.68	\$13.04
29305	00	\$161.95	\$114.73
29305	52	\$80.98	\$57.37
29325	00	\$180.34	\$129.77
29325	52	\$90.17	\$64.89
29345	00	\$94.24	\$74.56
29345	52	\$47.12	\$37.28
29355	00	\$97.70	\$79.44
29355	52	\$48.85	\$39.72
29358	00	\$105.70	\$75.91
29358	52	\$52.85	\$37.96
29365	00	\$84.33	\$64.65
29365	52	\$42.17	\$32.33
29405	00	\$62.05	\$47.44
29405	52	\$31.03	\$23.72
29425	00	\$67.41	\$52.51
29425	52	\$33.71	\$26.26
29435	00	\$82.36	\$63.25
29435	52	\$41.18	\$31.63
29440	00	\$37.05	\$26.09
29440	52	\$18.53	\$13.05
29445	00	\$104.19	\$84.52
29445	52	\$52.10	\$42.26
29450	00	\$110.68	\$94.39
29450	52	\$55.34	\$47.20
29505	00	\$52.86	\$35.16
29515	00	\$49.74	\$36.82
29515	52	\$24.87	\$18.41
29520	00	\$35.71	\$27.56
29520	52	\$17.86	\$13.78
29530	00	\$37.20	\$28.21
29530	52	\$18.60	\$14.11
29540	00	\$30.70	\$25.08
29540	52	\$15.35	\$12.54
29550	00	\$29.74	\$23.56
29550	52	\$14.87	\$11.78
29580	00	\$37.42	\$27.58
29580	52	\$18.71	\$13.79
29581	00	\$53.42	\$20.02
29590	00	\$40.56	\$32.40
29590	52	\$20.28	\$16.20
29700	00	\$44.92	\$26.38
29700	52	\$22.46	\$13.19
29705	00	\$47.58	\$36.05
29705	52	\$23.79	\$18.03
29710	00	\$83.39	\$62.03

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 71

Proc	Mod	Payment Facility	
		Rate	Rate
29710	52	\$41.70	\$31.02
29715	00	\$63.56	\$42.77
29715	52	\$31.78	\$21.39
29720	00	\$55.35	\$33.15
29720	52	\$27.68	\$16.58
29730	00	\$46.28	\$34.76
29730	52	\$23.14	\$17.38
29740	00	\$66.45	\$50.71
29740	52	\$33.23	\$25.36
29750	00	\$72.62	\$58.01
29750	52	\$36.31	\$29.01
29799	00	M	
29799	52	M	
29800	00	\$376.72	
29804	00	\$467.98	
29805	00	\$339.98	
29806	00	\$781.83	
29807	00	\$761.38	
29819	00	\$426.77	
29820	00	\$393.97	
29821	00	\$430.29	
29822	00	\$417.80	
29823	00	\$457.18	
29824	00	\$487.68	
29825	00	\$426.21	
29826	00	\$489.59	
29827	00	\$801.36	
29828	00	\$670.98	
29830	00	\$328.20	
29834	00	\$357.69	
29835	00	\$367.12	
29836	00	\$422.66	
29837	00	\$385.10	
29838	00	\$430.69	
29840	00	\$322.14	
29843	00	\$346.26	
29844	00	\$359.64	
29845	00	\$412.36	
29846	00	\$378.59	
29847	00	\$393.46	
29848	00	\$358.32	
29850	00	\$418.27	
29851	00	\$686.92	
29851	54	\$412.15	
29851	55	\$274.77	
29855	00	\$574.70	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 72

Proc	Mod	Payment Rate	Facility Rate
29855	54	\$344.82	
29855	55	\$229.88	
29856	00	\$737.00	
29856	54	\$442.20	
29856	55	\$294.80	
29860	00	\$474.29	
29861	00	\$526.21	
29862	00	\$588.04	
29863	00	\$583.03	
29868	00	\$1,244.02	
29870	00	\$295.03	
29871	00	\$371.11	
29873	00	\$369.65	
29874	00	\$390.14	
29875	00	\$359.04	
29876	00	\$473.21	
29877	00	\$447.54	
29879	00	\$479.17	
29880	00	\$500.45	
29881	00	\$466.15	
29882	00	\$505.23	
29883	00	\$616.68	
29884	00	\$446.22	
29885	00	\$541.76	
29886	00	\$456.52	
29887	00	\$538.66	
29888	00	\$731.44	
29889	00	\$894.00	
29891	00	\$508.55	
29892	00	\$520.97	
29893	00	\$421.55	\$321.23
29894	00	\$381.60	
29895	00	\$369.16	
29897	00	\$386.29	
29898	00	\$432.75	
29899	00	\$778.26	
29900	00	\$330.70	
29901	00	\$362.82	
29902	00	\$388.36	
29904	00	\$451.80	
29905	00	\$485.98	
29906	00	\$511.92	
29907	00	\$627.52	
29999	00	M	
30000	00	\$160.17	\$85.42
30020	00	\$155.11	\$85.97

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 73

Proc	Mod	Payment Rate	Facility Rate
30100	00	\$97.57	\$52.05
30110	00	\$157.37	\$95.27
30115	00	\$308.17	
30117	00	\$571.02	\$238.58
30118	00	\$561.80	
30124	00	\$196.11	
30125	00	\$446.20	
30130	00	\$267.98	
30140	00	\$305.00	
30140	52	\$152.50	
30150	00	\$572.91	
30160	00	\$577.16	
30200	00	\$78.14	\$44.41
30210	00	\$102.80	\$71.61
30220	00	\$200.96	\$91.36
30300	00	\$155.67	\$86.53
30310	00	\$146.53	
30320	00	\$323.59	
30400	00	\$744.97	
30410	00	\$885.55	
30420	00	\$999.38	
30430	00	\$648.44	
30435	00	\$860.53	
30450	00	\$1,149.37	
30460	00	\$558.36	
30462	00	\$1,119.51	
30465	00	\$713.71	
30520	00	\$435.78	
30540	00	\$486.17	
30545	00	\$700.15	
30560	00	\$184.40	\$98.69
30580	00	\$450.73	\$365.31
30600	00	\$414.91	\$324.69
30620	00	\$441.40	
30630	00	\$451.18	
30801	00	\$155.11	\$94.13
30802	00	\$202.09	\$135.49
30901	00	\$75.30	\$48.05
30903	00	\$136.40	\$62.49
30905	00	\$169.96	\$80.32
30906	00	\$195.94	\$104.61
30915	00	\$420.94	
30920	00	\$607.50	
30930	00	\$87.44	
30930	54	\$52.46	
30930	55	\$34.98	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 74

Proc	Mod	Payment Rate	Facility Rate
30999	00	M	
31000	00	\$124.37	\$75.76
31002	00	\$144.00	
31020	00	\$336.18	\$249.62
31030	00	\$493.54	\$377.48
31032	00	\$412.99	
31040	00	\$546.32	
31050	00	\$355.55	
31051	00	\$465.31	
31070	00	\$311.52	
31075	00	\$570.03	
31080	00	\$736.17	
31081	00	\$891.03	
31084	00	\$861.20	
31085	00	\$908.07	
31086	00	\$815.96	
31087	00	\$807.69	
31090	00	\$721.69	
31200	00	\$383.16	
31201	00	\$529.85	
31205	00	\$624.31	
31225	00	\$1,355.51	
31230	00	\$1,522.18	
31231	00	\$133.72	\$58.13
31233	00	\$189.82	\$105.23
31235	00	\$218.41	\$125.67
31237	00	\$235.69	\$140.15
31238	00	\$243.39	\$152.34
31239	00	\$491.58	
31240	00	\$124.46	
31254	00	\$213.37	
31255	00	\$315.04	
31256	00	\$154.39	
31267	00	\$248.88	
31276	00	\$397.36	
31287	00	\$181.47	
31288	00	\$210.50	
31290	00	\$877.58	
31291	00	\$923.70	
31292	00	\$758.86	
31293	00	\$827.35	
31294	00	\$950.37	
31299	00	M	
31300	00	\$921.90	
31320	00	\$463.39	
31360	00	\$1,487.06	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 75

Proc	Mod	Payment Rate	Facility Rate
31365	00	\$1,864.15	
31367	00	\$1,600.88	
31368	00	\$1,787.83	
31370	00	\$1,502.22	
31375	00	\$1,420.87	
31380	00	\$1,399.44	
31382	00	\$1,535.36	
31390	00	\$2,074.97	
31395	00	\$2,197.40	
31400	00	\$730.63	
31420	00	\$616.92	
31500	00	\$87.55	
31500	52	\$43.78	
31502	00	\$27.60	
31505	00	\$59.52	\$36.47
31510	00	\$152.81	\$92.68
31511	00	\$153.65	\$99.69
31512	00	\$151.57	\$99.85
31513	00	\$101.77	
31515	00	\$150.78	\$84.74
31520	00	\$118.71	
31525	00	\$182.55	\$123.26
31526	00	\$122.24	
31527	00	\$149.71	
31528	00	\$111.55	
31529	00	\$125.79	
31530	00	\$154.09	
31531	00	\$165.92	
31535	00	\$147.42	
31536	00	\$164.71	
31540	00	\$189.41	
31541	00	\$207.14	
31545	00	\$281.46	
31546	00	\$428.08	
31560	00	\$245.53	
31561	00	\$269.01	
31570	00	\$254.69	\$177.41
31571	00	\$195.43	
31575	00	\$84.26	\$58.13
31576	00	\$163.37	\$95.07
31577	00	\$177.03	\$115.49
31578	00	\$205.64	\$131.46
31579	00	\$159.70	\$108.27
31580	00	\$879.09	
31582	00	\$1,396.63	
31584	00	\$1,121.77	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 76

Proc	Mod	Payment Rate	Facility Rate
31584	54	\$673.06	
31584	55	\$448.71	
31587	00	\$738.69	
31588	00	\$831.49	
31595	00	\$559.29	
31599	00	M	
31600	00	\$307.09	
31601	00	\$202.82	
31603	00	\$173.56	
31605	00	\$143.24	
31610	00	\$522.21	
31611	00	\$389.23	
31612	00	\$59.40	\$37.48
31613	00	\$321.12	
31614	00	\$535.45	
31615	00	\$135.33	\$98.23
31620	00	\$207.66	\$56.18
31620	52	\$103.83	\$28.09
31622	00	\$236.25	\$115.70
31623	00	\$258.61	\$117.54
31624	00	\$240.91	\$117.83
31625	00	\$260.14	\$137.06
31626	00	\$263.67	\$133.82
31627	00	\$716.39	\$64.96
31628	00	\$312.01	\$153.23
31629	00	\$473.60	\$164.20
31630	00	\$162.51	
31630	54	\$97.51	
31630	55	\$65.00	
31631	00	\$183.50	
31633	00	\$70.13	\$52.71
31633	52	\$35.07	\$26.36
31635	00	\$267.49	\$151.72
31637	00	\$63.73	
31637	52	\$31.87	
31638	00	\$202.18	
31640	00	\$207.90	
31641	00	\$206.36	
31643	00	\$141.93	
31643	52	\$70.97	
31645	00	\$233.43	\$128.89
31646	00	\$211.64	\$111.59
31656	00	\$239.40	\$90.18
31715	00	\$44.67	
31715	52	\$22.34	
31717	00	\$225.06	\$88.49

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 77

Proc	Mod	Payment Rate	Facility Rate
31717	52	\$112.53	\$44.25
31720	HA	\$44.53	
31720	00	\$41.99	
31720	52	\$21.00	
31725	00	\$75.65	
31725	52	\$37.83	
31730	00	\$632.54	\$115.47
31750	00	\$979.14	
31755	00	\$1,235.59	
31760	00	\$1,067.75	
31766	00	\$1,393.47	
31770	00	\$1,035.10	
31775	00	\$1,070.38	
31780	00	\$906.73	
31781	00	\$1,100.40	
31785	00	\$830.42	
31786	00	\$1,149.74	
31800	00	\$511.99	
31805	00	\$631.86	
31820	00	\$310.86	\$243.14
31825	00	\$436.56	\$359.28
31830	00	\$312.70	\$251.16
31899	00	M	
32035	00	\$539.06	
32036	00	\$584.53	
32095	00	\$479.54	
32100	00	\$740.79	
32110	00	\$1,119.42	
32120	00	\$665.53	
32124	00	\$707.20	
32140	00	\$757.22	
32141	00	\$1,153.89	
32150	00	\$763.02	
32151	00	\$779.81	
32160	00	\$587.48	
32200	00	\$856.28	
32201	00	\$690.24	\$169.23
32215	00	\$612.72	
32220	00	\$1,225.16	
32225	00	\$763.36	
32310	00	\$703.32	
32320	00	\$1,229.40	
32400	00	\$116.95	\$72.83
32402	00	\$431.62	
32405	00	\$82.18	\$81.90
32420	00	\$90.64	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 78

Proc	Mod	Payment Rate	Facility Rate
32421	00	\$121.10	\$62.93
32421	52	\$60.55	\$31.47
32422	00	\$153.33	\$100.22
32422	52	\$76.67	\$50.11
32440	00	\$1,228.76	
32442	00	\$2,312.88	
32445	00	\$2,630.31	
32480	00	\$1,159.77	
32482	00	\$1,236.96	
32484	00	\$1,121.58	
32486	00	\$1,801.98	
32488	00	\$1,823.22	
32491	00	\$1,152.87	
32500	00	\$1,120.83	
32501	00	\$196.30	
32501	52	\$98.15	
32503	00	\$1,415.65	
32504	00	\$1,626.05	
32540	00	\$1,299.68	
32550	00	\$588.71	\$181.24
32551	00	\$139.75	
32551	52	\$69.88	
32552	00	\$110.36	\$97.76
32553	00	\$355.57	\$125.96
32560	00	\$221.73	\$89.38
32560	52	\$110.87	\$44.69
32561	00	\$58.05	\$44.56
32562	00	\$51.61	\$39.89
32601	00	\$243.34	
32602	00	\$264.03	
32603	00	\$342.29	
32604	00	\$384.57	
32605	00	\$303.50	
32606	00	\$367.31	
32650	00	\$519.18	
32651	00	\$827.05	
32652	00	\$1,257.90	
32653	00	\$801.10	
32654	00	\$888.66	
32655	00	\$729.37	
32656	00	\$622.25	
32657	00	\$612.84	
32658	00	\$560.51	
32659	00	\$570.13	
32660	00	\$808.04	
32661	00	\$626.58	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 79

Proc	Mod	Payment Rate	Facility Rate
32662	00	\$701.42	
32663	00	\$1,087.03	
32664	00	\$665.24	
32665	00	\$942.50	
32800	00	\$718.48	
32810	00	\$694.49	
32815	00	\$2,082.07	
32820	00	\$1,037.01	
32851	00	\$1,916.35	
32852	00	\$2,140.16	
32853	00	\$2,291.08	
32854	00	\$2,485.01	
32900	00	\$1,058.45	
32905	00	\$1,042.28	
32906	00	\$1,295.12	
32940	00	\$955.01	
32960	00	\$107.06	\$79.52
32997	00	\$286.61	
32999	00	M	
33010	00	\$99.52	
33011	00	\$97.40	
33015	00	\$419.44	
33020	00	\$676.94	
33025	00	\$624.06	
33030	00	\$1,000.10	
33031	00	\$1,117.91	
33050	00	\$772.42	
33120	00	\$1,220.37	
33130	00	\$1,075.93	
33140	00	\$1,232.53	
33141	00	\$117.27	
33141	52	\$58.64	
33202	00	\$608.85	
33203	00	\$644.05	
33206	00	\$373.59	
33207	00	\$400.18	
33208	00	\$431.94	
33210	00	\$149.24	
33211	00	\$149.92	
33212	00	\$279.15	
33213	00	\$318.99	
33214	00	\$395.19	
33215	00	\$252.34	
33216	00	\$310.80	
33217	00	\$308.04	
33218	00	\$321.24	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 80

Proc	Mod	Payment Rate	Facility Rate
33220	00	\$324.29	
33222	00	\$281.76	
33223	00	\$342.42	
33224	00	\$420.79	
33225	00	\$380.09	
33225	52	\$190.05	
33226	00	\$406.10	
33233	00	\$197.10	
33234	00	\$401.29	
33235	00	\$518.18	
33236	00	\$609.62	
33237	00	\$674.42	
33238	00	\$727.12	
33240	00	\$384.47	
33241	00	\$186.78	
33243	00	\$1,076.39	
33244	00	\$705.17	
33249	00	\$748.55	
33250	00	\$1,149.79	
33251	00	\$1,274.42	
33254	00	\$1,069.43	
33255	00	\$1,309.23	
33256	00	\$1,560.88	
33257	00	\$452.92	
33257	52	\$226.46	
33258	00	\$511.39	
33258	52	\$255.70	
33259	00	\$664.98	
33259	52	\$332.49	
33261	00	\$1,269.11	
33265	00	\$1,067.17	
33266	00	\$1,464.86	
33282	00	\$265.59	
33284	00	\$190.65	
33300	00	\$1,839.17	
33305	00	\$3,080.34	
33310	00	\$915.92	
33315	00	\$1,165.58	
33320	00	\$832.07	
33321	00	\$935.26	
33322	00	\$1,089.20	
33330	00	\$1,101.29	
33332	00	\$1,097.35	
33335	00	\$1,483.00	
33400	00	\$1,793.60	
33401	00	\$1,174.09	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 81

Proc	Mod	Payment Rate	Facility Rate
33403	00	\$1,182.29	
33404	00	\$1,403.22	
33405	00	\$1,822.04	
33406	00	\$2,258.39	
33410	00	\$1,993.27	
33411	00	\$2,609.92	
33412	00	\$1,961.69	
33413	00	\$2,563.79	
33414	00	\$1,711.00	
33415	00	\$1,588.21	
33416	00	\$1,591.09	
33417	00	\$1,322.32	
33420	00	\$1,085.54	
33422	00	\$1,329.26	
33425	00	\$2,091.43	
33426	00	\$1,885.99	
33427	00	\$1,963.06	
33430	00	\$2,187.32	
33460	00	\$1,862.52	
33463	00	\$2,357.28	
33464	00	\$1,890.37	
33465	00	\$2,119.14	
33468	00	\$1,482.33	
33470	00	\$945.31	
33471	00	\$1,040.82	
33472	00	\$1,049.97	
33474	00	\$1,632.98	
33475	00	\$1,827.80	
33476	00	\$1,159.51	
33478	00	\$1,238.04	
33496	00	\$1,325.43	
33500	00	\$1,243.54	
33501	00	\$867.11	
33502	00	\$996.13	
33503	00	\$1,072.33	
33504	00	\$1,138.93	
33505	00	\$1,587.10	
33506	00	\$1,628.66	
33507	00	\$1,375.61	
33508	00	\$12.98	
33508	52	\$6.49	
33510	00	\$1,549.77	
33511	00	\$1,693.48	
33512	00	\$1,911.21	
33513	00	\$1,952.73	
33514	00	\$2,071.52	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 82

Proc	Mod	Payment Rate	Facility Rate
33516	00	\$2,152.49	
33517	00	\$148.28	
33517	52	\$74.14	
33518	00	\$321.82	
33518	52	\$160.91	
33519	00	\$428.84	
33519	52	\$214.42	
33521	00	\$518.21	
33521	52	\$259.11	
33522	00	\$587.98	
33522	52	\$293.99	
33523	00	\$670.42	
33523	52	\$335.21	
33530	00	\$409.56	
33530	52	\$204.78	
33533	00	\$1,507.24	
33534	00	\$1,756.91	
33535	00	\$1,952.72	
33536	00	\$2,093.05	
33542	00	\$2,024.57	
33545	00	\$2,388.96	
33572	00	\$187.18	
33572	52	\$93.59	
33600	00	\$1,347.59	
33602	00	\$1,286.71	
33606	00	\$1,399.62	
33608	00	\$1,435.00	
33610	00	\$1,401.03	
33611	00	\$1,545.69	
33612	00	\$1,591.82	
33615	00	\$1,590.18	
33617	00	\$1,702.08	
33619	00	\$2,089.71	
33641	00	\$1,273.02	
33645	00	\$1,248.52	
33647	00	\$1,330.94	
33660	00	\$1,391.15	
33665	00	\$1,510.65	
33670	00	\$1,569.32	
33675	00	\$1,563.25	
33676	00	\$1,624.65	
33677	00	\$1,688.55	
33681	00	\$1,444.35	
33684	00	\$1,483.10	
33688	00	\$1,483.08	
33690	00	\$914.03	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 83

Proc	Mod	Payment Rate	Facility Rate
33692	00	\$1,393.01	
33694	00	\$1,568.67	
33697	00	\$1,696.30	
33702	00	\$1,209.62	
33710	00	\$1,459.39	
33720	00	\$1,224.54	
33722	00	\$1,235.74	
33724	00	\$1,242.30	
33726	00	\$1,625.93	
33730	00	\$1,549.59	
33732	00	\$1,293.79	
33735	00	\$990.08	
33736	00	\$1,098.44	
33737	00	\$1,022.27	
33750	00	\$1,039.47	
33755	00	\$1,016.52	
33762	00	\$1,015.43	
33764	00	\$1,001.54	
33766	00	\$1,098.50	
33767	00	\$1,113.36	
33768	00	\$339.92	
33768	52	\$169.96	
33770	00	\$1,694.65	
33771	00	\$1,739.11	
33774	00	\$1,426.45	
33775	00	\$1,484.12	
33776	00	\$1,562.41	
33777	00	\$1,528.03	
33778	00	\$1,881.80	
33779	00	\$1,825.04	
33780	00	\$1,892.11	
33781	00	\$1,848.16	
33782	00	\$1,997.92	
33783	00	\$2,159.60	
33786	00	\$1,816.82	
33788	00	\$1,223.89	
33800	00	\$768.26	
33802	00	\$827.60	
33803	00	\$897.26	
33813	00	\$1,017.10	
33814	00	\$1,200.37	
33820	00	\$768.58	
33822	00	\$815.19	
33824	00	\$922.81	
33840	00	\$938.42	
33845	00	\$1,075.95	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 84

Proc	Mod	Payment Rate	Facility Rate
33851	00	\$989.81	
33852	00	\$1,082.83	
33853	00	\$1,483.82	
33860	00	\$2,497.15	
33861	00	\$1,930.99	
33863	00	\$2,489.67	
33864	00	\$2,558.32	
33870	00	\$2,015.85	
33875	00	\$1,565.80	
33877	00	\$2,810.09	
33880	00	\$1,453.73	
33881	00	\$1,247.87	
33883	00	\$908.14	
33886	00	\$780.17	
33889	00	\$650.69	
33891	00	\$814.08	
33910	00	\$1,311.83	
33915	00	\$1,059.01	
33916	00	\$1,311.02	
33917	00	\$1,183.64	
33920	00	\$1,434.49	
33922	00	\$1,084.87	
33924	00	\$229.41	
33924	52	\$114.71	
33925	00	\$1,393.33	
33926	00	\$1,860.27	
33933	00	M	
33935	00	\$2,602.80	
33944	00	M	
33945	00	\$3,691.83	
33960	00	\$798.65	
33961	00	\$448.37	
33961	52	\$224.19	
33967	00	\$219.88	
33967	52	\$109.94	
33968	00	\$28.12	
33970	00	\$294.03	
33971	00	\$564.03	
33973	00	\$428.04	
33974	00	\$717.31	
33975	00	\$885.12	
33976	00	\$983.50	
33977	00	\$948.30	
33978	00	\$1,044.12	
33979	00	\$1,792.94	
33980	00	\$2,637.21	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 85

Proc	Mod	Payment Rate	Facility Rate
33981	00	M	
33982	00	M	
33983	00	M	
33999	00	M	
34001	00	\$769.30	
34051	00	\$767.52	
34101	00	\$487.56	
34111	00	\$487.42	
34151	00	\$1,130.32	
34201	00	\$803.55	
34203	00	\$780.14	
34401	00	\$1,166.39	
34421	00	\$591.88	
34451	00	\$1,220.40	
34471	00	\$864.68	
34490	00	\$490.03	
34501	00	\$758.85	
34502	00	\$1,231.06	
34510	00	\$865.29	
34520	00	\$830.79	
34530	00	\$782.63	
34800	00	\$930.37	
34802	00	\$1,018.32	
34803	00	\$986.25	
34804	00	\$1,017.90	
34806	00	\$86.03	
34806	52	\$43.02	
34808	00	\$169.39	
34808	52	\$84.70	
34812	00	\$279.05	
34813	00	\$194.94	
34813	52	\$97.47	
34820	00	\$401.83	
34825	00	\$569.05	
34826	00	\$169.01	
34826	52	\$84.51	
34830	00	\$1,485.22	
34831	00	\$1,574.94	
34832	00	\$1,596.31	
34833	00	\$500.49	
34834	00	\$226.73	
34900	00	\$737.79	
35001	00	\$918.11	
35002	00	\$969.84	
35005	00	\$847.87	
35011	00	\$806.09	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 86

Proc	Mod	Payment Rate	Facility Rate
35013	00	\$1,000.77	
35021	00	\$981.17	
35022	00	\$1,111.10	
35045	00	\$783.96	
35081	00	\$1,409.76	
35082	00	\$1,768.67	
35091	00	\$1,487.08	
35092	00	\$2,114.71	
35102	00	\$1,529.26	
35103	00	\$1,827.39	
35111	00	\$1,124.73	
35112	00	\$1,379.91	
35121	00	\$1,335.27	
35122	00	\$1,600.84	
35131	00	\$1,136.95	
35132	00	\$1,377.05	
35141	00	\$902.31	
35142	00	\$1,080.25	
35151	00	\$1,017.97	
35152	00	\$1,183.18	
35180	00	\$680.89	
35182	00	\$1,388.58	
35184	00	\$818.54	
35188	00	\$684.69	
35189	00	\$1,282.87	
35190	00	\$598.82	
35201	00	\$751.13	
35206	00	\$613.97	
35207	00	\$552.60	
35211	00	\$1,091.67	
35216	00	\$1,534.03	
35221	00	\$1,126.94	
35226	00	\$678.19	
35231	00	\$941.96	
35236	00	\$786.21	
35241	00	\$1,139.05	
35246	00	\$1,239.30	
35251	00	\$1,340.04	
35256	00	\$826.58	
35261	00	\$835.00	
35266	00	\$692.64	
35271	00	\$1,090.27	
35276	00	\$1,143.64	
35281	00	\$1,279.18	
35286	00	\$757.81	
35301	00	\$850.80	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 87

Proc	Mod	Payment Rate	Facility Rate
35302	00	\$905.55	
35303	00	\$996.91	
35304	00	\$1,036.75	
35305	00	\$995.79	
35306	00	\$373.17	
35306	52	\$186.59	
35311	00	\$1,223.06	
35321	00	\$723.35	
35331	00	\$1,194.60	
35341	00	\$1,123.75	
35351	00	\$1,046.06	
35355	00	\$849.41	
35361	00	\$1,287.25	
35363	00	\$1,401.28	
35371	00	\$668.36	
35372	00	\$802.41	
35390	00	\$131.44	
35390	52	\$65.72	
35400	00	\$124.30	
35400	52	\$62.15	
35450	00	\$421.47	
35452	00	\$291.94	
35454	00	\$255.83	
35456	00	\$309.78	
35458	00	\$398.03	
35459	00	\$365.04	
35460	00	\$253.88	
35470	00	\$2,156.63	\$376.11
35471	00	\$2,372.13	\$449.69
35472	00	\$1,644.55	\$300.45
35473	00	\$1,569.10	\$265.75
35474	00	\$2,091.69	\$321.57
35475	00	\$1,699.56	\$403.79
35476	00	\$1,281.24	\$258.06
35480	00	\$457.99	
35481	00	\$328.08	
35482	00	\$287.39	
35483	00	\$346.65	
35484	00	\$433.50	
35485	00	\$402.08	
35490	00	\$501.53	
35491	00	\$335.62	
35492	00	\$304.92	
35493	00	\$371.37	
35494	00	\$471.87	
35495	00	\$430.33	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 88

Proc	Mod	Payment Rate	Facility Rate
35500	00	\$263.20	
35500	52	\$131.60	
35501	00	\$1,266.71	
35506	00	\$1,082.21	
35508	00	\$1,118.87	
35509	00	\$1,218.04	
35510	00	\$1,029.75	
35511	00	\$962.41	
35512	00	\$1,003.84	
35515	00	\$1,081.78	
35516	00	\$992.36	
35518	00	\$979.44	
35521	00	\$1,031.36	
35522	00	\$980.05	
35523	00	\$1,037.33	
35525	00	\$919.03	
35526	00	\$1,352.87	
35531	00	\$1,647.44	
35533	00	\$1,275.42	
35535	00	\$1,632.62	
35536	00	\$1,419.71	
35537	00	\$1,761.06	
35538	00	\$1,976.76	
35539	00	\$1,833.81	
35540	00	\$2,054.02	
35548	00	\$977.62	
35549	00	\$1,061.68	
35551	00	\$1,209.83	
35556	00	\$1,127.94	
35558	00	\$996.29	
35560	00	\$1,448.52	
35563	00	\$1,110.84	
35565	00	\$1,076.25	
35566	00	\$1,353.61	
35570	00	\$1,261.30	
35571	00	\$1,091.55	
35572	00	\$284.78	
35572	52	\$142.39	
35583	00	\$1,165.27	
35585	00	\$1,362.70	
35587	00	\$1,125.43	
35600	00	\$209.41	
35601	00	\$1,171.60	
35606	00	\$956.27	
35612	00	\$746.73	
35616	00	\$918.04	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 89

Proc	Mod	Payment Rate	Facility Rate
35621	00	\$901.25	
35623	00	\$1,106.90	
35626	00	\$1,269.17	
35631	00	\$1,514.86	
35632	00	\$1,549.86	
35633	00	\$1,673.67	
35633	52	\$836.84	
35634	00	\$1,516.77	
35634	52	\$758.39	
35636	00	\$1,345.76	
35637	00	\$1,391.63	
35638	00	\$1,421.60	
35642	00	\$842.16	
35645	00	\$797.62	
35646	00	\$1,403.48	
35647	00	\$1,270.40	
35650	00	\$868.41	
35651	00	\$1,125.15	
35654	00	\$1,121.34	
35656	00	\$883.07	
35661	00	\$883.99	
35663	00	\$1,026.00	
35665	00	\$960.43	
35666	00	\$1,035.17	
35671	00	\$911.90	
35681	00	\$65.74	
35681	52	\$32.87	
35682	00	\$293.47	
35682	52	\$146.74	
35683	00	\$346.25	
35683	52	\$173.13	
35685	00	\$164.81	
35685	52	\$82.41	
35686	00	\$137.92	
35686	52	\$68.96	
35691	00	\$803.31	
35693	00	\$711.41	
35694	00	\$830.97	
35695	00	\$865.83	
35697	00	\$122.89	
35697	52	\$61.45	
35700	00	\$126.35	
35700	52	\$63.18	
35701	00	\$430.14	
35721	00	\$364.81	
35741	00	\$400.02	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 90

Proc	Mod	Payment Rate	Facility Rate
35761	00	\$294.65	
35800	00	\$380.12	
35820	00	\$1,511.56	
35840	00	\$497.33	
35860	00	\$321.24	
35870	00	\$1,043.48	
35875	00	\$479.36	
35876	00	\$768.63	
35879	00	\$752.43	
35881	00	\$836.43	
35883	00	\$975.80	
35884	00	\$1,029.58	
35901	00	\$400.82	
35903	00	\$453.55	
35905	00	\$1,418.29	
35907	00	\$1,563.16	
36000	00	\$19.21	\$7.69
36000	52	\$9.61	\$3.85
36002	00	\$131.43	\$89.28
36002	52	\$65.72	\$44.64
36005	00	\$256.66	\$40.56
36005	52	\$128.33	\$20.28
36010	00	\$444.87	\$101.75
36010	52	\$222.44	\$50.88
36011	00	\$702.51	\$131.48
36011	52	\$351.26	\$65.74
36012	00	\$662.29	\$148.58
36012	52	\$331.15	\$74.29
36013	00	\$609.65	\$106.35
36013	52	\$304.83	\$53.18
36014	00	\$637.54	\$129.18
36014	52	\$318.77	\$64.59
36015	00	\$699.66	\$149.43
36015	52	\$349.83	\$74.72
36100	00	\$407.79	\$130.43
36100	52	\$203.90	\$65.22
36120	00	\$336.30	\$82.55
36120	52	\$168.15	\$41.28
36140	00	\$370.87	\$84.79
36140	52	\$185.44	\$42.40
36147	00	\$472.94	\$119.02
36148	00	\$148.76	\$31.75
36160	00	\$408.59	\$109.87
36160	52	\$204.30	\$54.94
36200	00	\$496.60	\$126.78
36200	52	\$248.30	\$63.39

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 91

Proc	Mod	Payment Facility	
		Rate	Rate
36215	00	\$873.61	\$201.42
36215	52	\$436.81	\$100.71
36216	00	\$955.16	\$227.04
36216	52	\$477.58	\$113.52
36217	00	\$1,550.06	\$271.44
36217	52	\$775.03	\$135.72
36218	00	\$146.95	\$43.26
36218	52	\$73.48	\$21.63
36245	00	\$962.12	\$207.03
36245	52	\$481.06	\$103.52
36246	00	\$946.85	\$226.04
36246	52	\$473.43	\$113.02
36247	00	\$1,481.63	\$269.04
36247	52	\$740.82	\$134.52
36248	00	\$126.72	\$43.26
36248	52	\$63.36	\$21.63
36260	00	\$456.76	
36261	00	\$277.66	
36262	00	\$210.93	
36299	00	M	
36299	52	M	
36400	00	\$20.07	\$14.45
36400	52	\$10.04	\$7.23
36405	00	\$18.18	\$12.56
36405	52	\$9.09	\$6.28
36406	00	\$13.03	\$7.40
36406	52	\$6.52	\$3.70
36410	00	\$14.43	\$7.13
36410	52	\$7.22	\$3.57
36415	FP	\$2.58	
36415	00	\$2.58	
36415	52	\$1.29	
36416	FP	\$3.75	
36416	00	\$3.75	
36416	52	\$1.88	
36420	00	\$39.32	
36420	52	\$19.66	
36425	00	\$30.87	
36425	52	\$15.44	
36430	00	\$27.24	
36430	52	\$13.62	
36440	00	\$41.20	
36440	52	\$20.60	
36450	00	\$94.56	
36450	52	\$47.28	
36455	00	\$103.58	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 92

Proc	Mod	Payment Rate	Facility Rate
36455	52	\$51.79	
36460	00	\$268.97	
36460	52	\$134.49	
36470	00	\$103.76	\$54.30
36471	00	\$128.42	\$76.42
36481	00	\$331.74	
36481	52	\$165.87	
36500	00	\$148.73	
36500	52	\$74.37	
36510	00	\$83.81	\$45.87
36510	52	\$41.91	\$22.94
36511	00	\$72.50	
36511	52	\$36.25	
36512	00	\$73.62	
36512	52	\$36.81	
36513	00	\$75.43	
36513	52	\$37.72	
36514	00	\$389.77	\$71.94
36514	52	\$194.89	\$35.97
36515	00	\$1,441.89	\$70.53
36515	52	\$720.95	\$35.27
36516	00	\$1,630.35	\$50.47
36516	52	\$815.18	\$25.24
36522	00	\$1,018.89	\$80.86
36555	00	\$210.82	\$103.48
36555	52	\$105.41	\$51.74
36556	00	\$179.93	\$97.59
36556	52	\$89.97	\$48.80
36557	00	\$637.65	\$238.32
36557	52	\$318.83	\$119.16
36558	00	\$616.54	\$227.62
36558	52	\$308.27	\$113.81
36560	00	\$874.53	\$282.98
36560	52	\$437.27	\$141.49
36561	00	\$864.81	\$273.55
36561	52	\$432.41	\$136.78
36563	00	\$873.34	\$282.64
36563	52	\$436.67	\$141.32
36565	00	\$733.57	\$269.61
36565	52	\$366.79	\$134.81
36566	00	\$2,701.30	\$289.05
36566	52	\$1,350.65	\$144.53
36568	00	\$236.43	\$79.06
36568	52	\$118.22	\$39.53
36569	00	\$205.49	\$78.47
36569	52	\$102.75	\$39.24

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 93

Proc	Mod	Payment Facility	
		Rate	Rate
36570	00	\$886.43	\$251.89
36570	52	\$443.22	\$125.95
36571	00	\$918.97	\$245.09
36571	52	\$459.49	\$122.55
36575	00	\$120.78	\$30.57
36576	00	\$275.02	\$149.41
36578	00	\$382.40	\$170.80
36580	00	\$175.62	\$56.18
36581	00	\$572.75	\$161.90
36582	00	\$800.45	\$238.42
36583	00	\$800.88	\$238.85
36584	00	\$172.77	\$57.55
36589	00	\$129.65	\$110.54
36590	00	\$209.67	\$156.28
36591	00	\$17.00	
36591	52	\$8.50	
36592	00	\$18.69	
36592	52	\$9.35	
36593	00	\$25.07	
36593	52	\$12.54	
36595	00	\$464.12	\$156.69
36596	00	\$104.04	\$36.89
36597	00	\$98.92	\$52.27
36598	00	\$88.00	\$48.38
36600	00	\$23.69	\$12.45
36600	52	\$11.85	\$6.23
36620	00	\$41.42	
36620	52	\$20.71	
36625	00	\$84.78	
36625	52	\$42.39	
36640	00	\$95.02	
36640	52	\$47.51	
36660	00	\$54.07	
36660	52	\$27.04	
36680	00	\$47.74	
36680	52	\$23.87	
36800	00	\$124.36	
36800	52	\$62.18	
36810	00	\$167.55	
36815	00	\$117.86	
36818	00	\$534.23	
36819	00	\$631.66	
36820	00	\$633.78	
36821	00	\$528.61	
36822	00	\$293.96	
36825	00	\$457.00	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 94

Proc	Mod	Payment Rate	Facility Rate
36830	00	\$523.32	
36831	00	\$361.04	
36832	00	\$461.38	
36833	00	\$521.34	
36835	00	\$360.64	
36860	00	\$147.33	\$82.97
36860	52	\$73.67	\$41.49
36861	00	\$119.27	
36861	52	\$59.64	
36870	00	\$1,390.16	\$246.99
37140	00	\$1,073.50	
37145	00	\$1,150.93	
37160	00	\$1,001.77	
37180	00	\$1,121.83	
37181	00	\$1,213.73	
37182	00	\$731.57	
37183	00	\$347.63	
37184	00	\$1,832.77	\$374.01
37185	00	\$606.82	\$137.80
37185	52	\$303.41	\$68.90
37186	00	\$1,233.33	\$211.55
37186	52	\$616.67	\$105.78
37187	00	\$1,755.63	\$347.46
37188	00	\$1,489.52	\$251.36
37195	00	\$151.93	
37200	00	\$194.33	
37201	00	\$229.04	
37202	00	\$274.56	
37202	52	\$137.28	
37203	00	\$1,016.82	\$220.70
37204	00	\$769.92	
37205	00	\$3,219.70	\$362.04
37206	00	\$1,937.89	\$176.48
37207	00	\$348.58	
37208	00	\$168.84	
37208	52	\$84.42	
37209	00	\$95.25	
37210	00	\$2,670.36	\$459.89
37215	00	\$899.76	
37216	00	\$827.25	
37250	00	\$89.96	
37250	52	\$44.98	
37251	00	\$66.87	
37251	52	\$33.44	
37500	00	\$543.92	
37501	00	M	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 95

Proc	Mod	Payment Rate	Facility Rate
37565	00	\$542.55	
37600	00	\$554.85	
37605	00	\$633.21	
37606	00	\$411.97	
37607	00	\$294.24	
37609	00	\$218.65	\$151.76
37615	00	\$366.61	
37616	00	\$851.11	
37617	00	\$1,014.95	
37618	00	\$291.89	
37620	00	\$531.40	
37650	00	\$398.76	
37660	00	\$951.78	
37700	00	\$194.77	
37718	00	\$326.27	
37722	00	\$373.80	
37735	00	\$495.71	
37760	00	\$488.35	
37761	00	\$351.47	
37765	00	\$353.74	
37766	00	\$431.37	
37780	00	\$201.00	
37785	00	\$266.89	\$201.41
37788	00	\$1,085.86	
37799	00	M	
38100	00	\$825.21	
38101	00	\$828.70	
38102	00	\$196.91	
38102	52	\$98.46	
38115	00	\$918.38	
38120	00	\$760.10	
38129	00	M	
38200	00	\$111.36	
38204	00	M	
38205	00	\$64.35	
38206	00	\$64.35	
38220	00	\$117.09	\$48.24
38220	52	\$58.55	\$24.12
38221	00	\$130.30	\$61.16
38221	52	\$65.15	\$30.58
38230	00	\$244.04	
38240	00	\$99.38	
38241	00	\$99.95	
38242	00	\$75.78	
38300	00	\$193.61	\$132.07
38305	00	\$335.62	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 96

Proc	Mod	Rate	Rate
38308	00	\$323.08	
38380	00	\$417.30	
38381	00	\$620.28	
38382	00	\$501.19	
38500	00	\$228.50	\$181.86
38505	00	\$95.61	\$58.24
38510	00	\$371.46	\$309.64
38520	00	\$337.63	
38525	00	\$305.82	
38530	00	\$393.10	
38542	00	\$377.96	
38550	00	\$347.85	
38555	00	\$726.04	
38562	00	\$521.67	
38564	00	\$517.94	
38570	00	\$422.35	
38571	00	\$667.73	
38572	00	\$731.76	
38589	00	M	
38700	00	\$589.57	
38720	00	\$980.59	
38724	00	\$1,063.96	
38740	00	\$489.99	
38745	00	\$623.83	
38746	00	\$205.45	
38746	52	\$102.73	
38747	00	\$200.68	
38747	52	\$100.34	
38760	00	\$615.32	
38765	00	\$959.41	
38770	00	\$643.52	
38780	00	\$809.67	
38790	00	\$63.17	
38790	52	\$31.59	
38792	00	\$30.44	
38792	52	\$15.22	
38794	00	\$239.86	
38999	00	M	
39000	00	\$372.49	
39010	00	\$617.57	
39200	00	\$685.11	
39220	00	\$883.26	
39400	00	\$384.82	
39499	00	M	
39501	00	\$628.56	
39502	00	\$754.85	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 97

Proc	Mod	Payment Rate	Facility Rate
39503	00	\$4,427.98	
39520	00	\$752.79	
39530	00	\$721.41	
39531	00	\$754.26	
39540	00	\$643.01	
39541	00	\$693.71	
39545	00	\$681.99	
39560	00	\$589.81	
39561	00	\$916.54	
39599	00	M	
40490	00	\$93.89	\$55.95
40500	00	\$353.19	\$262.70
40510	00	\$342.93	\$260.59
40520	00	\$351.96	\$263.16
40525	00	\$409.39	
40527	00	\$484.25	
40530	00	\$389.10	\$298.89
40650	00	\$291.97	\$209.63
40652	00	\$343.24	\$255.00
40654	00	\$405.58	\$310.03
40700	00	\$690.66	
40701	00	\$854.26	
40702	00	\$665.09	
40720	00	\$729.09	
40761	00	\$789.45	
40799	00	M	
40800	00	\$139.88	\$90.98
40801	00	\$216.08	\$159.03
40804	00	\$142.90	\$92.31
40805	00	\$226.52	\$164.98
40806	00	\$73.40	\$24.50
40808	00	\$125.64	\$76.46
40810	00	\$140.28	\$91.11
40812	00	\$198.10	\$141.90
40814	00	\$267.24	\$218.90
40816	00	\$281.88	\$229.33
40818	00	\$247.17	\$195.74
40819	00	\$212.08	\$167.68
40819	52	\$106.04	\$83.84
40820	00	\$182.07	\$121.93
40830	00	\$168.84	\$114.60
40831	00	\$224.17	\$160.94
40840	00	\$579.70	\$467.29
40842	00	\$570.99	\$457.74
40843	00	\$747.32	\$596.98
40844	00	\$990.13	\$831.91

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 98

Proc	Mod	Payment Rate	Facility Rate
40845	00	\$1,080.91	\$934.50
40899	00	M	
41000	00	\$112.30	\$80.82
41005	00	\$156.30	\$91.67
41006	00	\$253.55	\$188.92
41007	00	\$253.99	\$183.46
41008	00	\$261.33	\$195.57
41009	00	\$277.59	\$212.11
41010	00	\$140.41	\$78.87
41015	00	\$299.04	\$243.40
41016	00	\$306.80	\$252.28
41017	00	\$309.04	\$253.40
41018	00	\$354.87	\$296.98
41019	00	\$381.56	
41100	00	\$118.53	\$80.32
41105	00	\$118.96	\$81.59
41108	00	\$101.74	\$65.48
41110	00	\$146.48	\$95.62
41112	00	\$231.70	\$181.12
41113	00	\$254.39	\$201.56
41114	00	\$469.36	
41115	00	\$170.33	\$107.95
41116	00	\$226.48	\$158.76
41120	00	\$761.30	
41130	00	\$945.25	
41135	00	\$1,585.08	
41140	00	\$1,623.62	
41145	00	\$2,038.65	
41150	00	\$1,611.98	
41153	00	\$1,751.92	
41155	00	\$2,185.83	
41250	00	\$159.87	\$103.66
41251	00	\$165.96	\$120.72
41252	00	\$217.59	\$156.33
41500	00	\$320.24	
41520	00	\$242.24	\$183.52
41530	00	\$2,194.94	\$296.67
41599	00	M	
41800	00	\$157.22	\$92.30
41805	00	\$162.33	\$116.81
41806	00	\$238.74	\$183.09
41825	00	\$142.86	\$91.16
41826	00	\$201.53	\$147.02
41827	00	\$300.08	\$219.15
41850	00	\$33.20	
41899	00	M	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 99

Proc	Mod	Payment Rate	Facility Rate
42000	00	\$110.68	\$75.00
42100	00	\$105.44	\$79.58
42104	00	\$146.44	\$100.07
42106	00	\$185.55	\$130.75
42107	00	\$324.33	\$252.95
42120	00	\$712.94	
42140	00	\$174.37	\$112.27
42145	00	\$519.85	
42145	52	\$259.93	
42160	00	\$168.96	\$111.64
42180	00	\$173.24	\$136.15
42182	00	\$237.61	\$198.55
42200	00	\$657.38	
42205	00	\$700.45	
42210	00	\$787.55	
42215	00	\$514.99	
42220	00	\$401.94	
42225	00	\$686.68	
42226	00	\$682.86	
42227	00	\$663.49	
42235	00	\$541.97	
42260	00	\$605.26	\$507.46
42280	00	\$111.71	\$77.15
42280	52	\$55.86	\$38.58
42281	00	\$144.61	\$112.02
42299	00	M	
42300	00	\$147.84	\$112.15
42305	00	\$321.41	
42310	00	\$115.16	\$91.56
42320	00	\$177.87	\$131.49
42330	00	\$165.65	\$122.10
42335	00	\$263.60	\$191.10
42340	00	\$332.11	\$251.74
42400	00	\$77.86	\$43.85
42405	00	\$218.95	\$170.62
42408	00	\$325.05	\$244.11
42409	00	\$234.33	\$165.20
42410	00	\$466.19	
42415	00	\$844.75	
42420	00	\$968.88	
42425	00	\$637.00	
42426	00	\$1,036.94	
42440	00	\$351.04	
42450	00	\$325.14	\$265.57
42500	00	\$309.74	\$252.41
42505	00	\$403.46	\$338.82

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 100

Proc	Mod	Payment Rate	Facility Rate
42507	00	\$379.38	
42508	00	\$539.23	
42509	00	\$621.51	
42510	00	\$468.79	
42550	00	\$110.55	\$52.95
42550	52	\$55.28	\$26.48
42600	00	\$348.34	\$263.76
42650	00	\$59.42	\$43.96
42660	00	\$76.76	\$58.77
42665	00	\$219.19	\$152.87
42699	00	M	
42700	00	\$133.60	\$99.88
42720	00	\$338.10	\$299.31
42725	00	\$609.02	
42800	00	\$112.14	\$82.63
42802	00	\$169.76	\$100.07
42804	00	\$141.63	\$84.58
42806	00	\$160.18	\$99.48
42808	00	\$164.23	\$122.92
42809	00	\$122.48	\$96.35
42810	00	\$274.98	\$209.22
42815	00	\$411.42	
42820	00	\$218.22	
42821	00	\$227.61	
42825	00	\$194.77	
42826	00	\$188.16	
42830	00	\$153.11	
42831	00	\$165.06	
42835	00	\$137.84	
42836	00	\$180.45	
42842	00	\$715.93	
42844	00	\$1,007.28	
42845	00	\$1,656.20	
42860	00	\$138.31	
42870	00	\$418.46	
42890	00	\$1,027.96	
42892	00	\$1,351.23	
42894	00	\$1,731.56	
42900	00	\$260.00	
42950	00	\$580.04	
42953	00	\$711.85	
42955	00	\$546.17	
42960	00	\$126.39	
42961	00	\$313.38	
42962	00	\$388.75	
42970	00	\$291.69	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 101

Proc	Mod	Payment Rate	Facility Rate
42971	00	\$342.83	
42972	00	\$385.45	
42999	00	M	
43020	00	\$396.03	
43030	00	\$392.73	
43045	00	\$996.66	
43100	00	\$469.26	
43101	00	\$777.15	
43107	00	\$1,929.22	
43108	00	\$3,293.36	
43112	00	\$2,061.66	
43113	00	\$3,282.42	
43116	00	\$3,748.27	
43117	00	\$1,887.03	
43118	00	\$2,704.51	
43121	00	\$2,140.76	
43122	00	\$1,907.27	
43123	00	\$3,310.10	
43124	00	\$2,823.44	
43130	00	\$595.15	
43135	00	\$1,118.97	
43200	00	\$157.06	\$79.78
43201	00	\$215.84	\$100.62
43202	00	\$205.99	\$88.80
43204	00	\$175.01	
43205	00	\$175.64	
43215	00	\$119.94	
43216	00	\$148.31	\$111.77
43217	00	\$276.49	\$131.77
43219	00	\$133.16	
43220	00	\$98.69	
43226	00	\$110.05	
43227	00	\$164.12	
43228	00	\$174.72	
43231	00	\$149.06	
43232	00	\$205.45	
43234	00	\$204.65	\$92.79
43235	00	\$221.77	\$113.29
43236	00	\$276.14	\$137.88
43237	00	\$187.01	
43238	00	\$232.48	
43239	00	\$257.02	\$134.21
43240	00	\$312.39	
43241	00	\$121.74	
43242	00	\$333.52	
43243	00	\$210.07	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 102

Proc	Mod	Payment Rate	Facility Rate
43244	00	\$232.83	
43245	00	\$146.63	
43246	00	\$196.59	
43247	00	\$156.91	
43248	00	\$148.38	
43249	00	\$136.55	
43250	00	\$146.69	
43251	00	\$170.74	
43255	00	\$222.32	
43256	00	\$199.74	
43258	00	\$209.45	
43259	00	\$238.88	
43260	00	\$273.40	
43261	00	\$287.37	
43262	00	\$337.54	
43263	00	\$333.88	
43264	00	\$405.29	
43265	00	\$454.88	
43267	00	\$336.14	
43268	00	\$341.48	
43269	00	\$374.20	
43271	00	\$337.27	
43272	00	\$336.70	
43273	00	\$102.04	
43279	00	\$945.41	
43280	00	\$787.69	
43281	00	\$943.73	
43282	00	\$1,061.46	
43289	00	M	
43300	00	\$464.43	
43305	00	\$837.53	
43310	00	\$1,163.50	
43312	00	\$1,285.28	
43313	00	\$2,053.68	
43314	00	\$2,348.12	
43320	00	\$1,024.69	
43324	00	\$993.97	
43325	00	\$978.82	
43326	00	\$995.11	
43330	00	\$959.77	
43331	00	\$1,037.97	
43340	00	\$997.69	
43341	00	\$1,095.34	
43350	00	\$854.36	
43351	00	\$997.47	
43352	00	\$815.19	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 103

Proc	Mod	Payment Rate	Facility Rate
43360	00	\$1,746.98	
43361	00	\$1,958.57	
43400	00	\$1,205.20	
43401	00	\$1,138.58	
43405	00	\$1,101.73	
43410	00	\$754.13	
43415	00	\$1,283.27	
43420	00	\$756.82	
43425	00	\$1,127.33	
43450	00	\$117.95	\$69.06
43453	00	\$219.21	\$75.05
43456	00	\$442.46	\$121.26
43458	00	\$287.36	\$141.79
43460	00	\$172.15	
43499	00	M	
43500	00	\$563.79	
43501	00	\$970.23	
43502	00	\$1,098.44	
43510	00	\$697.09	
43520	00	\$509.27	
43600	00	\$83.66	
43605	00	\$598.65	
43610	00	\$707.09	
43611	00	\$880.22	
43620	00	\$1,435.92	
43621	00	\$1,638.79	
43622	00	\$1,661.83	
43631	00	\$1,051.60	
43632	00	\$1,441.74	
43633	00	\$1,370.27	
43634	00	\$1,513.76	
43635	00	\$84.21	
43640	00	\$845.82	
43641	00	\$853.43	
43644	00	\$1,253.88	
43645	00	\$1,340.94	
43651	00	\$468.06	
43652	00	\$548.59	
43653	00	\$399.51	
43659	00	M	
43752	00	\$30.46	
43760	00	\$244.70	\$39.56
43760	52	\$122.35	\$19.78
43761	00	\$95.90	\$85.22
43770	00	\$800.90	
43771	00	\$913.78	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 104

Proc	Mod	Rate	Payment Facility Rate
43772	00	\$691.04	
43773	00	\$914.47	
43774	00	\$692.30	
43800	00	\$671.02	
43810	00	\$727.78	
43820	00	\$946.41	
43825	00	\$936.20	
43830	00	\$497.14	
43831	00	\$414.40	
43832	00	\$766.48	
43840	00	\$959.93	
43842	00	\$929.73	
43846	00	\$1,177.06	
43847	00	\$1,286.36	
43848	00	\$1,395.79	
43850	00	\$1,169.10	
43855	00	\$1,221.34	
43860	00	\$1,187.01	
43865	00	\$1,234.46	
43870	00	\$508.18	
43880	00	\$1,159.37	
43886	00	\$239.82	
43887	00	\$223.72	
43888	00	\$316.77	
43999	00	M	
44005	00	\$792.34	
44010	00	\$622.69	
44015	00	\$108.02	
44020	00	\$700.30	
44021	00	\$708.29	
44025	00	\$712.94	
44050	00	\$674.37	
44055	00	\$1,082.23	
44100	00	\$89.99	
44110	00	\$610.97	
44111	00	\$711.43	
44120	00	\$882.38	
44121	00	\$181.71	
44121	52	\$90.86	
44125	00	\$855.85	
44126	00	\$1,769.24	
44127	00	\$2,058.83	
44128	00	\$182.41	
44128	52	\$91.21	
44130	00	\$926.96	
44135	00	M	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 105

Proc	Mod	Payment Rate	Facility Rate
44139	00	\$91.03	
44139	52	\$45.52	
44140	00	\$973.00	
44141	00	\$1,287.11	
44143	00	\$1,200.45	
44144	00	\$1,264.14	
44145	00	\$1,214.03	
44146	00	\$1,520.70	
44147	00	\$1,377.32	
44150	00	\$1,331.40	
44151	00	\$1,523.15	
44155	00	\$1,493.49	
44156	00	\$1,638.81	
44157	00	\$1,555.90	
44158	00	\$1,594.90	
44160	00	\$897.36	
44180	00	\$668.02	
44186	00	\$470.53	
44187	00	\$793.78	
44188	00	\$878.03	
44202	00	\$1,006.78	
44203	00	\$181.01	
44203	52	\$90.51	
44204	00	\$1,125.16	
44205	00	\$982.03	
44206	00	\$1,276.58	
44207	00	\$1,342.27	
44208	00	\$1,458.56	
44210	00	\$1,303.18	
44211	00	\$1,600.34	
44212	00	\$1,501.38	
44213	00	\$142.75	
44213	52	\$71.38	
44227	00	\$1,218.20	
44238	00	M	
44300	00	\$605.70	
44310	00	\$758.31	
44312	00	\$431.10	
44314	00	\$734.43	
44316	00	\$1,007.04	
44320	00	\$864.45	
44322	00	\$682.94	
44340	00	\$432.86	
44345	00	\$756.21	
44346	00	\$850.03	
44360	00	\$123.43	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 106

Proc	Mod	Payment Rate	Facility Rate
44361	00	\$136.04	
44363	00	\$161.16	
44364	00	\$173.67	
44365	00	\$154.60	
44366	00	\$204.70	
44369	00	\$209.08	
44370	00	\$225.07	
44372	00	\$199.21	
44373	00	\$161.16	
44376	00	\$238.34	
44377	00	\$252.90	
44378	00	\$324.43	
44380	00	\$53.63	
44382	00	\$64.38	
44383	00	\$138.78	
44385	00	\$182.17	\$82.70
44386	00	\$252.31	\$96.90
44388	00	\$252.93	\$128.72
44389	00	\$293.60	\$143.82
44390	00	\$339.58	\$172.65
44391	00	\$380.63	\$196.84
44392	00	\$319.03	\$169.81
44393	00	\$371.73	\$216.32
44394	00	\$373.35	\$200.24
44397	00	\$216.09	
44500	00	\$20.67	
44500	52	\$10.34	
44602	00	\$1,006.05	
44603	00	\$1,152.72	
44604	00	\$769.07	
44605	00	\$948.24	
44615	00	\$781.08	
44620	00	\$624.20	
44625	00	\$739.36	
44626	00	\$1,175.10	
44640	00	\$1,025.18	
44650	00	\$1,065.90	
44660	00	\$1,036.27	
44661	00	\$1,160.67	
44680	00	\$771.66	
44700	00	\$747.81	
44701	00	\$126.00	
44701	52	\$63.00	
44715	00	M	
44720	00	\$207.70	
44721	00	\$288.99	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 107

Proc	Mod	Payment Rate	Facility Rate
44799	00	M	
44800	00	\$547.49	
44820	00	\$605.78	
44850	00	\$534.56	
44899	00	M	
44900	00	\$548.41	
44901	00	\$721.59	\$142.42
44950	00	\$463.57	
44955	00	\$63.15	
44955	52	\$31.58	
44960	00	\$625.42	
44970	00	\$425.78	
44979	00	M	
45000	00	\$298.14	
45005	00	\$176.21	\$109.89
45020	00	\$390.48	
45100	00	\$205.91	
45108	00	\$250.76	
45110	00	\$1,341.45	
45111	00	\$787.27	
45112	00	\$1,386.47	
45113	00	\$1,420.01	
45114	00	\$1,296.95	
45116	00	\$1,166.14	
45119	00	\$1,423.19	
45120	00	\$1,135.34	
45121	00	\$1,242.42	
45123	00	\$806.40	
45126	00	\$2,105.49	
45130	00	\$788.87	
45135	00	\$964.45	
45136	00	\$1,337.53	
45150	00	\$285.76	
45160	00	\$716.44	
45171	00	\$357.70	
45172	00	\$491.42	
45190	00	\$485.70	
45300	00	\$77.07	\$37.17
45303	00	\$587.33	\$63.79
45305	00	\$125.16	\$56.87
45307	00	\$140.24	\$72.24
45308	00	\$128.13	\$61.25
45309	00	\$143.43	\$70.37
45315	00	\$155.42	\$80.67
45317	00	\$150.95	\$85.18
45320	00	\$151.28	\$80.75

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 108

Proc	Mod	Rate	Rate
45321	00	\$78.28	
45327	00	\$91.23	
45330	00	\$99.17	\$47.75
45331	00	\$126.00	\$57.99
45332	00	\$206.68	\$84.99
45333	00	\$207.94	\$84.57
45334	00	\$128.48	
45335	00	\$177.76	\$70.69
45337	00	\$109.83	
45338	00	\$232.86	\$110.05
45339	00	\$243.18	\$145.68
45340	00	\$315.30	\$89.08
45341	00	\$122.62	
45342	00	\$187.66	
45345	00	\$136.19	
45355	00	\$156.56	
45378	00	\$293.96	\$168.63
45379	00	\$373.12	\$211.26
45380	00	\$353.01	\$203.23
45381	00	\$343.47	\$192.56
45382	00	\$465.11	\$259.97
45383	00	\$421.37	\$261.47
45384	00	\$347.44	\$211.15
45385	00	\$398.67	\$241.30
45386	00	\$487.46	\$207.29
45387	00	\$270.30	
45391	00	\$233.38	
45392	00	\$296.06	
45395	00	\$1,449.45	
45397	00	\$1,573.18	
45400	00	\$837.79	
45402	00	\$1,121.41	
45499	00	M	
45500	00	\$367.34	
45505	00	\$402.25	
45520	00	\$88.57	\$28.43
45540	00	\$773.65	
45541	00	\$663.21	
45550	00	\$1,063.35	
45560	00	\$524.97	
45562	00	\$804.96	
45563	00	\$1,164.57	
45800	00	\$905.42	
45805	00	\$1,024.17	
45820	00	\$900.88	
45825	00	\$1,081.44	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 109

Proc	Mod	Payment Rate	Facility Rate
45900	00	\$142.05	
45905	00	\$120.10	
45910	00	\$142.48	
45915	00	\$220.19	\$159.77
45990	00	\$79.83	
45999	00	M	
46020	00	\$178.66	\$157.30
46030	00	\$89.29	\$62.60
46040	00	\$347.36	\$281.61
46045	00	\$291.32	
46050	00	\$123.21	\$65.88
46060	00	\$320.00	
46070	00	\$162.19	
46080	00	\$162.63	\$114.01
46083	00	\$122.27	\$76.19
46200	00	\$271.55	\$211.97
46220	00	\$130.61	\$81.71
46221	00	\$171.50	\$129.35
46230	00	\$179.75	\$122.42
46250	00	\$298.97	\$215.23
46255	00	\$333.90	\$245.10
46257	00	\$286.76	
46258	00	\$313.79	
46260	00	\$326.09	
46261	00	\$365.34	
46262	00	\$381.00	
46270	00	\$324.17	\$258.41
46275	00	\$343.60	\$277.27
46280	00	\$317.73	
46285	00	\$334.62	\$274.20
46288	00	\$376.16	
46320	00	\$118.22	\$77.75
46500	00	\$143.28	\$87.93
46500	52	\$71.64	\$43.97
46505	00	\$189.79	\$161.69
46600	00	\$57.37	\$28.15
46604	00	\$352.00	\$48.78
46606	00	\$146.37	\$54.21
46608	00	\$151.01	\$59.40
46610	00	\$149.41	\$58.92
46611	00	\$118.27	\$60.66
46612	00	\$178.54	\$71.47
46614	00	\$90.55	\$50.93
46615	00	\$104.77	\$72.45
46700	00	\$454.04	
46705	00	\$372.28	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 110

Proc	Mod	Payment Rate	Facility Rate
46706	00	\$119.65	
46707	00	\$275.76	
46710	00	\$775.44	
46712	00	\$1,581.98	
46715	00	\$368.56	
46716	00	\$901.95	
46730	00	\$1,375.18	
46735	00	\$1,605.45	
46740	00	\$1,479.23	
46742	00	\$1,747.08	
46744	00	\$2,487.72	
46746	00	\$2,866.57	
46748	00	\$3,023.91	
46750	00	\$549.91	
46751	00	\$454.86	
46753	00	\$414.12	
46754	00	\$195.65	\$152.10
46760	00	\$778.37	
46761	00	\$673.51	
46762	00	\$664.08	
46900	00	\$157.14	\$98.97
46910	00	\$163.51	\$94.66
46916	00	\$162.40	\$104.23
46917	00	\$308.23	\$95.22
46922	00	\$170.11	\$94.51
46924	00	\$350.89	\$132.54
46930	00	\$150.08	\$109.33
46940	00	\$149.08	\$105.81
46942	00	\$137.88	\$94.03
46945	00	\$190.65	\$147.95
46946	00	\$206.91	\$156.88
46947	00	\$266.65	
46999	00	M	
47000	00	\$242.69	\$81.11
47001	00	\$77.85	
47001	52	\$38.93	
47010	00	\$862.73	
47011	00	\$157.12	
47015	00	\$818.08	
47100	00	\$596.86	
47120	00	\$1,685.02	
47122	00	\$2,509.95	
47125	00	\$2,247.42	
47130	00	\$2,416.92	
47135	00	\$3,556.96	
47136	00	\$3,032.39	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 111

Proc	Mod	Payment Rate	Facility Rate
47140	00	\$2,541.21	
47141	00	\$3,030.74	
47142	00	\$3,340.82	
47143	00	\$221.69	
47144	00	M	
47145	00	M	
47146	00	\$246.48	
47147	00	\$287.58	
47300	00	\$803.94	
47350	00	\$986.51	
47360	00	\$1,344.91	
47361	00	\$2,212.26	
47362	00	\$1,024.99	
47370	00	\$901.63	
47371	00	\$917.50	
47379	00	M	
47380	00	\$1,055.43	
47381	00	\$1,075.95	
47382	00	\$671.02	
47399	00	M	
47400	00	\$1,539.84	
47420	00	\$965.54	
47425	00	\$975.50	
47460	00	\$921.04	
47480	00	\$612.35	
47490	00	\$412.72	
47500	00	\$83.53	
47500	52	\$41.77	
47505	00	\$32.28	
47505	52	\$16.14	
47510	00	\$391.46	
47511	00	\$493.45	
47525	00	\$388.99	\$90.27
47530	00	\$1,073.78	\$293.96
47550	00	\$124.49	
47550	52	\$62.25	
47552	00	\$267.87	
47553	00	\$268.93	
47554	00	\$391.22	
47555	00	\$322.47	
47556	00	\$364.85	
47560	00	\$201.10	
47560	52	\$100.55	
47561	00	\$218.10	
47562	00	\$530.43	
47563	00	\$542.81	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 112

Proc	Mod	Payment Rate	Facility Rate
47564	00	\$627.65	
47570	00	\$560.22	
47579	00	M	
47600	00	\$763.70	
47605	00	\$705.06	
47610	00	\$905.10	
47612	00	\$914.80	
47620	00	\$992.95	
47630	00	\$446.90	
47700	00	\$751.14	
47701	00	\$1,292.70	
47711	00	\$1,123.65	
47712	00	\$1,440.20	
47715	00	\$944.16	
47720	00	\$815.18	
47721	00	\$962.58	
47740	00	\$930.18	
47741	00	\$1,053.85	
47760	00	\$1,595.35	
47765	00	\$2,115.51	
47780	00	\$1,746.66	
47785	00	\$2,281.84	
47800	00	\$1,134.68	
47801	00	\$805.21	
47802	00	\$1,089.25	
47900	00	\$981.29	
47999	00	M	
48000	00	\$1,363.34	
48001	00	\$1,674.95	
48020	00	\$839.27	
48100	00	\$637.05	
48102	00	\$409.82	\$206.92
48105	00	\$2,066.20	
48120	00	\$796.27	
48140	00	\$1,127.68	
48145	00	\$1,171.10	
48146	00	\$1,335.37	
48148	00	\$887.00	
48150	00	\$2,255.49	
48152	00	\$2,085.26	
48153	00	\$2,252.48	
48154	00	\$2,090.69	
48155	00	\$1,295.39	
48160	00	M	
48400	00	\$82.51	
48400	52	\$41.26	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 113

Proc	Mod	Rate	Rate
48500	00	\$811.01	
48510	00	\$770.57	
48511	00	\$701.19	\$170.07
48520	00	\$787.10	
48540	00	\$940.64	
48545	00	\$953.62	
48547	00	\$1,286.27	
48548	00	\$1,203.47	
48551	00	M	
48552	00	\$173.92	
48554	00	\$1,779.53	
48999	00	M	
49000	00	\$558.91	
49002	00	\$739.22	
49010	00	\$695.83	
49020	00	\$1,149.59	
49021	00	\$669.05	\$143.54
49040	00	\$720.51	
49041	00	\$684.34	\$169.79
49060	00	\$807.44	
49061	00	\$671.94	\$157.12
49062	00	\$546.91	
49080	00	\$128.69	\$57.31
49081	00	\$120.13	\$53.82
49180	00	\$130.08	\$73.59
49203	00	\$877.41	
49204	00	\$1,121.39	
49205	00	\$1,284.43	
49215	00	\$1,610.04	
49220	00	\$698.87	
49250	00	\$416.70	
49255	00	\$566.57	
49320	00	\$238.53	
49321	00	\$251.05	
49322	00	\$273.37	
49323	00	\$464.29	
49324	00	\$284.67	
49325	00	\$305.34	
49326	00	\$141.34	
49326	52	\$70.67	
49329	00	M	
49400	00	\$135.42	\$79.50
49402	00	\$617.70	
49411	00	\$312.97	\$125.17
49419	00	\$329.86	
49420	00	\$104.92	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 114

Proc	Mod	Payment Rate	Facility Rate
49421	00	\$282.23	
49422	00	\$283.49	
49423	00	\$421.68	\$63.39
49424	00	\$115.46	\$33.12
49425	00	\$553.79	
49426	00	\$471.88	
49427	00	\$38.13	
49427	52	\$19.07	
49428	00	\$317.50	
49429	00	\$335.00	
49435	00	\$90.52	
49435	52	\$45.26	
49436	00	\$132.55	
49440	00	\$822.68	\$190.10
49440	52	\$411.34	\$95.05
49441	00	\$894.97	\$211.54
49441	52	\$447.49	\$105.77
49442	00	\$801.55	\$174.88
49446	00	\$747.84	\$141.13
49450	00	\$556.70	\$56.50
49451	00	\$531.27	\$78.54
49452	00	\$670.38	\$122.40
49460	00	\$609.08	\$40.30
49465	00	\$128.40	\$26.39
49491	00	\$558.04	
49492	00	\$681.48	
49495	00	\$283.33	
49496	00	\$430.06	
49500	00	\$281.22	
49501	00	\$426.70	
49505	00	\$369.10	
49507	00	\$454.96	
49520	00	\$451.54	
49521	00	\$551.22	
49525	00	\$408.16	
49540	00	\$483.08	
49550	00	\$410.16	
49553	00	\$449.10	
49555	00	\$427.05	
49557	00	\$519.06	
49560	00	\$530.75	
49561	00	\$670.45	
49565	00	\$550.61	
49566	00	\$677.34	
49568	00	\$200.12	
49568	52	\$100.06	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 115

Proc	Mod	Payment Rate	Facility Rate
49570	00	\$290.25	
49572	00	\$360.86	
49580	00	\$225.69	
49582	00	\$335.94	
49585	00	\$312.18	
49587	00	\$370.47	
49590	00	\$406.67	
49600	00	\$525.78	
49605	00	\$3,647.97	
49606	00	\$822.65	
49610	00	\$490.11	
49611	00	\$441.33	
49650	00	\$302.98	
49651	00	\$392.33	
49652	00	\$572.30	
49653	00	\$715.47	
49654	00	\$658.19	
49655	00	\$792.20	
49656	00	\$660.45	
49657	00	\$953.96	
49659	00	M	
49900	00	\$582.81	
49904	00	\$1,086.36	
49905	00	\$267.74	
49905	52	\$133.87	
49999	00	M	
50010	00	\$574.29	
50020	00	\$820.42	
50021	00	\$703.61	\$143.27
50040	00	\$773.55	
50045	00	\$780.10	
50060	00	\$962.13	
50065	00	\$1,011.18	
50070	00	\$1,005.20	
50075	00	\$1,235.99	
50080	00	\$734.34	
50081	00	\$1,079.32	
50100	00	\$782.18	
50120	00	\$795.72	
50125	00	\$821.89	
50130	00	\$871.37	
50135	00	\$944.09	
50200	00	\$119.48	
50205	00	\$551.77	
50220	00	\$857.30	
50225	00	\$994.04	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 116

Proc	Mod	Payment Rate	Facility Rate
50230	00	\$1,078.53	
50234	00	\$1,094.63	
50236	00	\$1,238.31	
50240	00	\$1,112.38	
50250	00	\$1,031.97	
50280	00	\$792.28	
50290	00	\$730.20	
50320	00	\$1,073.58	
50320	52	\$536.79	
50323	00	\$153.08	
50325	00	\$145.01	
50325	52	\$72.51	
50327	00	\$162.64	
50328	00	\$142.79	
50329	00	\$140.78	
50340	00	\$661.24	
50360	00	\$1,822.88	
50365	00	\$2,053.11	
50370	00	\$852.18	
50380	00	\$1,438.61	
50382	00	\$992.22	\$236.84
50384	00	\$854.05	\$215.58
50385	00	\$968.76	\$201.87
50386	00	\$628.94	\$152.33
50387	00	\$457.96	\$85.90
50389	00	\$265.53	\$47.17
50390	00	\$83.53	
50391	00	\$106.00	\$84.93
50392	00	\$152.82	
50393	00	\$186.41	
50394	00	\$83.00	\$41.68
50394	52	\$41.50	\$20.84
50395	00	\$153.80	
50396	00	\$99.22	
50396	52	\$49.61	
50398	00	\$410.17	\$63.39
50398	52	\$205.09	\$31.70
50400	00	\$971.77	
50405	00	\$1,178.46	
50500	00	\$938.89	
50520	00	\$869.66	
50525	00	\$1,088.87	
50526	00	\$1,141.51	
50540	00	\$952.45	
50541	00	\$775.47	
50542	00	\$983.89	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 117

Proc	Mod	Payment Rate	Facility Rate
50543	00	\$1,255.61	
50544	00	\$1,058.93	
50545	00	\$1,136.39	
50546	00	\$1,006.42	
50547	00	\$1,204.33	
50548	00	\$1,146.05	
50549	00	M	
50551	00	\$307.91	\$252.55
50553	00	\$321.83	\$267.03
50555	00	\$350.93	\$292.20
50557	00	\$357.93	\$296.67
50561	00	\$406.14	\$338.97
50562	00	\$498.81	
50570	00	\$423.31	
50572	00	\$460.03	
50574	00	\$486.73	
50575	00	\$615.59	
50576	00	\$485.93	
50580	00	\$520.64	
50590	00	\$757.07	\$472.39
50593	00	\$3,609.87	\$390.54
50600	00	\$787.24	
50605	00	\$757.13	
50610	00	\$801.47	
50620	00	\$761.78	
50630	00	\$742.87	
50650	00	\$868.69	
50660	00	\$960.93	
50684	00	\$142.01	\$41.41
50684	52	\$71.01	\$20.71
50686	00	\$75.90	
50686	52	\$37.95	
50688	00	\$65.95	
50688	52	\$32.98	
50690	00	\$81.35	\$58.58
50690	52	\$40.68	\$29.29
50700	00	\$776.77	
50715	00	\$916.37	
50722	00	\$796.88	
50725	00	\$914.39	
50727	00	\$417.81	
50728	00	\$576.29	
50740	00	\$897.75	
50750	00	\$977.53	
50760	00	\$911.05	
50770	00	\$947.31	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 118

Proc	Mod	Payment Rate	Facility Rate
50780	00	\$913.52	
50782	00	\$896.35	
50783	00	\$928.72	
50785	00	\$1,015.16	
50800	00	\$769.42	
50810	00	\$1,010.37	
50815	00	\$1,027.31	
50820	00	\$1,093.55	
50825	00	\$1,389.80	
50830	00	\$1,509.19	
50840	00	\$1,034.30	
50845	00	\$1,048.12	
50860	00	\$793.63	
50900	00	\$698.22	
50920	00	\$739.13	
50930	00	\$896.70	
50940	00	\$742.38	
50945	00	\$824.89	
50947	00	\$1,168.96	
50948	00	\$1,086.40	
50949	00	M	
50951	00	\$321.67	\$263.50
50953	00	\$339.69	\$289.67
50955	00	\$375.31	\$312.93
50957	00	\$365.59	\$304.05
50961	00	\$329.87	\$272.26
50970	00	\$319.11	
50972	00	\$307.30	
50974	00	\$407.06	
50976	00	\$400.78	
50980	00	\$306.48	
51020	00	\$387.68	
51030	00	\$383.94	
51040	00	\$241.45	
51045	00	\$386.48	
51050	00	\$393.92	
51060	00	\$485.43	
51065	00	\$482.19	
51080	00	\$337.15	
51100	00	\$49.90	\$32.76
51100	52	\$24.95	\$16.38
51101	00	\$100.75	\$43.70
51101	52	\$50.38	\$21.85
51102	00	\$192.16	\$126.40
51102	52	\$96.08	\$63.20
51500	00	\$518.19	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 119

Proc	Mod	Payment Facility	
		Rate	Rate
51520	00	\$489.13	
51525	00	\$720.63	
51530	00	\$641.16	
51535	00	\$650.39	
51550	00	\$791.88	
51555	00	\$1,053.99	
51565	00	\$1,077.99	
51570	00	\$1,232.83	
51575	00	\$1,540.97	
51580	00	\$1,605.27	
51585	00	\$1,788.80	
51590	00	\$1,629.98	
51595	00	\$1,852.64	
51596	00	\$1,991.13	
51597	00	\$1,919.88	
51600	00	\$152.90	\$37.68
51600	52	\$76.45	\$18.84
51605	00	\$32.21	
51605	52	\$16.11	
51610	00	\$90.02	\$53.21
51610	52	\$45.01	\$26.61
51700	00	\$70.84	\$37.68
51700	52	\$35.42	\$18.84
51701	00	\$48.94	\$22.81
51701	52	\$24.47	\$11.41
51702	00	\$62.71	\$25.05
51702	52	\$31.36	\$12.53
51703	00	\$114.42	\$68.89
51703	52	\$57.21	\$34.45
51705	00	\$91.65	\$55.68
51705	52	\$45.83	\$27.84
51710	00	\$129.26	\$79.24
51710	52	\$64.63	\$39.62
51715	00	\$241.38	\$168.04
51715	52	\$120.69	\$84.02
51720	00	\$95.68	\$70.10
51720	52	\$47.84	\$35.05
51725	TC	\$112.12	
51725	00	\$176.63	
51725	26	\$64.52	
51725	52	\$88.32	
51726	TC	\$182.51	
51726	00	\$255.89	
51726	26	\$73.38	
51726	52	\$127.95	
51727	TC	\$89.63	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 120

Proc	Mod	Payment Rate	Facility Rate
51727	00	\$180.38	
51727	26	\$54.68	
51728	TC	\$90.16	
51728	00	\$180.39	
51728	26	\$54.15	
51729	TC	\$91.22	
51729	00	\$194.66	
51729	26	\$64.51	
51736	TC	\$17.28	
51736	00	\$43.64	
51736	26	\$26.36	
51736	52	\$21.82	
51741	TC	\$20.23	
51741	00	\$69.48	
51741	26	\$49.25	
51741	52	\$34.74	
51784	TC	\$97.22	
51784	00	\$162.36	
51784	26	\$65.14	
51784	52	\$81.18	
51785	TC	\$110.71	
51785	00	\$175.99	
51785	26	\$65.27	
51785	52	\$88.00	
51792	TC	\$136.12	
51792	00	\$183.02	
51792	26	\$46.89	
51792	52	\$91.51	
51797	TC	\$81.91	
51797	00	\$118.77	
51797	26	\$36.87	
51797	52	\$59.39	
51798	00	\$15.72	
51798	52	\$7.86	
51800	00	\$875.48	
51820	00	\$890.69	
51840	00	\$531.18	
51841	00	\$630.92	
51845	00	\$484.58	
51860	00	\$591.73	
51865	00	\$734.67	
51880	00	\$383.44	
51900	00	\$680.84	
51920	00	\$628.82	
51925	00	\$817.32	
51940	00	\$1,350.87	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 121

Proc	Mod	Payment Rate	Facility Rate
51960	00	\$1,165.01	
51980	00	\$595.58	
51990	00	\$610.65	
51992	00	\$667.32	
51999	00	M	
52000	00	\$171.99	\$105.67
52001	00	\$319.41	\$245.50
52005	00	\$235.48	\$112.68
52007	00	\$437.31	\$141.12
52010	00	\$327.57	\$137.04
52204	00	\$358.65	\$119.78
52214	00	\$471.88	\$184.68
52224	00	\$668.65	\$144.56
52234	00	\$210.81	
52235	00	\$247.19	
52240	00	\$432.68	
52250	00	\$206.92	
52260	00	\$178.54	
52265	00	\$344.06	\$134.42
52270	00	\$333.20	\$155.31
52275	00	\$456.07	\$212.99
52276	00	\$227.34	
52277	00	\$277.81	
52281	00	\$251.20	\$131.49
52282	00	\$286.77	
52283	00	\$234.50	\$171.00
52285	00	\$235.81	\$165.56
52290	00	\$209.15	
52300	00	\$240.18	
52301	00	\$251.99	
52305	00	\$238.78	
52310	00	\$208.23	\$129.27
52315	00	\$369.02	\$235.26
52317	00	\$777.36	\$298.79
52318	00	\$407.26	
52320	00	\$211.30	
52325	00	\$274.97	
52327	00	\$436.69	\$225.36
52330	00	\$631.42	\$226.19
52332	00	\$389.97	\$132.84
52334	00	\$219.54	
52341	00	\$249.17	
52342	00	\$270.99	
52343	00	\$301.55	
52344	00	\$326.89	
52345	00	\$348.71	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 122

Proc	Mod	Payment Rate	Facility Rate
52346	00	\$393.71	
52351	00	\$268.62	
52352	00	\$315.41	
52353	00	\$362.97	
52354	00	\$335.43	
52355	00	\$400.00	
52400	00	\$409.82	
52402	00	\$230.54	
52450	00	\$389.98	
52500	00	\$407.31	
52601	00	\$695.74	
52630	00	\$371.36	
52640	00	\$251.85	
52647	00	\$1,753.15	\$540.57
52648	00	\$1,791.87	\$577.03
52649	00	\$824.97	
52700	00	\$362.59	
53000	00	\$123.57	
53010	00	\$242.22	
53020	00	\$82.55	
53025	00	\$54.14	
53040	00	\$327.24	
53060	00	\$143.11	\$127.37
53080	00	\$361.77	
53085	00	\$514.80	
53200	00	\$129.75	\$118.79
53210	00	\$645.44	
53215	00	\$784.49	
53220	00	\$376.07	
53230	00	\$501.59	
53235	00	\$533.68	
53240	00	\$357.46	
53250	00	\$331.52	
53260	00	\$164.52	\$146.25
53265	00	\$182.49	\$153.83
53270	00	\$167.49	\$150.35
53275	00	\$222.24	
53400	00	\$670.59	
53405	00	\$738.81	
53410	00	\$825.34	
53415	00	\$952.54	
53420	00	\$677.90	
53425	00	\$795.10	
53430	00	\$793.90	
53431	00	\$973.61	
53440	00	\$736.10	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 123

Proc	Mod	Payment Rate	Facility Rate
53442	00	\$647.81	
53444	00	\$669.42	
53445	00	\$738.66	
53446	00	\$539.39	
53447	00	\$683.03	
53448	00	\$1,081.68	
53449	00	\$513.05	
53450	00	\$340.70	
53460	00	\$383.02	
53500	00	\$616.78	
53502	00	\$404.72	
53505	00	\$406.98	
53510	00	\$529.94	
53515	00	\$668.79	
53520	00	\$464.81	
53600	00	\$71.66	\$54.79
53601	00	\$69.30	\$45.70
53605	00	\$55.28	
53620	00	\$102.35	\$74.54
53621	00	\$96.37	\$61.80
53660	00	\$59.80	\$34.80
53661	00	\$59.56	\$34.26
53665	00	\$32.28	
53850	00	\$2,006.89	\$477.03
53852	00	\$1,933.75	\$519.11
53855	00	\$401.02	\$52.18
53899	00	M	
54000	00	\$128.03	\$88.69
54001	00	\$158.02	\$114.74
54015	00	\$259.66	
54050	00	\$96.67	\$77.56
54055	00	\$92.37	\$71.58
54056	00	\$100.90	\$80.10
54057	00	\$110.58	\$75.17
54060	00	\$149.96	\$105.28
54065	00	\$165.15	\$128.91
54100	00	\$150.80	\$96.00
54105	00	\$228.11	\$179.77
54110	00	\$522.52	
54111	00	\$675.99	
54112	00	\$793.66	
54115	00	\$374.30	\$350.69
54120	00	\$528.69	
54125	00	\$682.16	
54130	00	\$1,009.85	
54135	00	\$1,283.39	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 124

Proc	Mod	Payment Rate	Facility Rate
54150	00	\$137.87	\$82.22
54150	52	\$68.94	\$41.11
54160	00	\$190.89	\$121.48
54160	52	\$95.45	\$60.74
54161	00	\$164.80	
54162	00	\$222.36	\$163.91
54163	00	\$180.77	
54164	00	\$158.95	
54200	00	\$89.96	\$69.45
54205	00	\$448.30	
54220	00	\$174.92	\$113.67
54220	52	\$87.46	\$56.84
54230	00	\$81.03	\$67.26
54230	52	\$40.52	\$33.63
54231	00	\$117.48	\$99.21
54231	52	\$58.74	\$49.61
54235	00	\$74.83	\$61.62
54235	52	\$37.42	\$30.81
54240	TC	\$26.96	
54240	00	\$83.73	
54240	26	\$56.77	
54240	52	\$41.87	
54250	TC	\$9.55	
54250	00	\$105.92	
54250	26	\$96.36	
54250	52	\$52.96	
54300	00	\$544.12	
54304	00	\$637.84	
54308	00	\$607.26	
54312	00	\$700.30	
54316	00	\$849.87	
54318	00	\$608.64	
54322	00	\$664.60	
54324	00	\$826.37	
54326	00	\$777.48	
54328	00	\$788.51	
54332	00	\$861.20	
54336	00	\$974.63	
54340	00	\$472.50	
54344	00	\$813.05	
54348	00	\$865.55	
54352	00	\$1,218.49	
54360	00	\$612.23	
54380	00	\$678.47	
54385	00	\$820.09	
54390	00	\$999.35	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 125

Proc	Mod	Payment Rate	Facility Rate
54400	00	\$447.89	
54401	00	\$546.13	
54405	00	\$682.32	
54406	00	\$614.50	
54408	00	\$661.73	
54410	00	\$725.52	
54411	00	\$860.15	
54415	00	\$440.72	
54416	00	\$590.99	
54417	00	\$754.70	
54420	00	\$595.50	
54430	00	\$539.23	
54435	00	\$348.40	
54440	00	\$770.91	\$668.82
54450	00	\$61.14	\$49.90
54500	00	\$63.66	
54505	00	\$178.24	
54512	00	\$448.71	
54520	00	\$270.64	
54522	00	\$486.48	
54530	00	\$423.25	
54535	00	\$616.63	
54550	00	\$408.96	
54560	00	\$558.52	
54600	00	\$378.06	
54620	00	\$253.97	
54640	00	\$387.54	
54650	00	\$593.81	
54670	00	\$337.30	
54680	00	\$657.13	
54690	00	\$531.00	
54692	00	\$648.16	
54699	00	M	
54700	00	\$175.77	
54800	00	\$111.14	
54830	00	\$307.01	
54840	00	\$269.60	
54860	00	\$348.52	
54861	00	\$471.92	
54865	00	\$296.34	
54900	00	\$635.26	
54901	00	\$899.92	
55000	00	\$99.83	\$70.61
55040	00	\$279.92	
55041	00	\$422.03	
55060	00	\$313.17	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 126

Proc	Mod	Payment Rate	Facility Rate
55100	00	\$176.27	\$132.72
55110	00	\$318.90	
55120	00	\$292.40	
55150	00	\$404.29	
55175	00	\$300.15	
55180	00	\$571.30	
55200	00	\$399.31	\$229.85
55250	00	\$350.92	\$187.65
55300	00	\$152.77	
55450	00	\$313.54	\$213.21
55500	00	\$310.40	
55520	00	\$318.95	
55530	00	\$293.72	
55535	00	\$355.96	
55540	00	\$387.06	
55550	00	\$352.03	
55559	00	M	
55600	00	\$354.14	
55605	00	\$419.85	
55650	00	\$598.05	
55680	00	\$282.17	
55700	00	\$190.02	\$115.83
55705	00	\$226.02	
55706	00	\$319.52	
55720	00	\$384.52	
55725	00	\$490.98	
55801	00	\$915.13	
55810	00	\$1,108.11	
55812	00	\$1,361.51	
55815	00	\$1,494.34	
55821	00	\$736.23	
55831	00	\$798.13	
55840	00	\$1,130.51	
55842	00	\$1,211.78	
55845	00	\$1,386.98	
55860	00	\$738.57	
55862	00	\$932.33	
55865	00	\$1,131.18	
55866	00	\$1,473.21	
55873	00	\$961.93	
55875	00	\$640.13	
55876	00	\$116.26	\$88.44
55899	00	M	
55920	00	\$361.89	
56405	00	\$81.92	\$80.24
56420	00	\$94.00	\$69.83

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 127

Proc	Mod	Payment Facility	
		Rate	Rate
56440	00	\$139.22	
56441	00	\$113.67	\$107.77
56442	00	\$37.09	
56501	00	\$97.77	\$85.42
56515	00	\$167.67	\$149.13
56605	00	\$63.18	\$46.88
56606	00	\$29.27	\$23.08
56606	52	\$14.64	\$11.54
56620	00	\$373.63	
56625	00	\$451.68	
56630	00	\$662.23	
56631	00	\$842.67	
56632	00	\$974.81	
56633	00	\$864.54	
56634	00	\$912.83	
56637	00	\$1,079.50	
56640	00	\$1,075.46	
56700	00	\$140.99	
56740	00	\$225.84	
56800	00	\$185.79	
56805	00	\$878.10	
56810	00	\$199.61	
56820	00	\$83.86	\$65.32
56821	00	\$112.29	\$88.68
57000	00	\$145.37	
57010	00	\$326.79	
57020	00	\$72.06	\$63.06
57022	00	\$126.97	
57023	00	\$237.68	
57061	00	\$85.03	\$72.94
57065	00	\$145.16	\$129.71
57100	00	\$66.98	\$50.68
57105	00	\$102.18	\$94.31
57106	00	\$360.31	
57107	00	\$1,070.78	
57109	00	\$1,224.28	
57110	00	\$688.55	
57111	00	\$1,236.94	
57112	00	\$1,315.64	
57120	00	\$389.68	
57130	00	\$136.74	\$122.41
57135	00	\$146.71	\$132.10
57150	00	\$38.26	\$23.08
57150	52	\$19.13	\$11.54
57155	00	\$324.47	
57155	52	\$162.24	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 128

Proc	Mod	Payment Rate	Facility Rate
57160	00	\$58.21	\$37.13
57160	52	\$29.11	\$18.57
57170	FP	\$52.51	\$37.62
57170	00	\$52.51	\$37.62
57170	52	\$26.26	\$18.81
57180	00	\$106.77	\$81.20
57200	00	\$224.72	
57210	00	\$279.03	
57220	00	\$242.40	
57230	00	\$304.37	
57240	00	\$510.32	
57250	00	\$499.51	
57260	00	\$622.10	
57265	00	\$693.42	
57267	00	\$208.27	
57267	52	\$104.14	
57268	00	\$365.99	
57270	00	\$610.28	
57280	00	\$742.76	
57282	00	\$387.11	
57283	00	\$527.01	
57284	00	\$643.60	
57285	00	\$516.66	
57287	00	\$539.87	
57288	00	\$567.83	
57289	00	\$596.66	
57291	00	\$413.20	
57292	00	\$634.00	
57295	00	\$375.75	
57296	00	\$727.12	
57300	00	\$404.91	
57305	00	\$677.33	
57307	00	\$757.35	
57308	00	\$483.30	
57310	00	\$378.23	
57311	00	\$432.04	
57320	00	\$430.25	
57330	00	\$612.11	
57335	00	\$892.41	
57400	00	\$104.08	
57410	00	\$81.78	
57415	00	\$121.72	
57420	00	\$88.23	\$69.40
57421	00	\$118.90	\$94.74
57423	00	\$710.47	
57425	00	\$749.28	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 129

Proc	Mod	Payment Facility	
		Rate	Rate
57426	00	\$527.69	
57452	00	\$83.02	\$70.37
57454	00	\$117.73	\$105.09
57455	00	\$109.16	\$85.84
57456	00	\$103.14	\$80.10
57460	00	\$223.72	\$126.21
57461	00	\$251.45	\$146.06
57500	00	\$99.02	\$57.15
57505	00	\$76.14	\$68.27
57510	00	\$100.90	\$88.81
57511	00	\$109.67	\$99.55
57513	00	\$108.26	\$100.11
57520	00	\$232.19	\$206.90
57522	00	\$199.17	\$183.71
57530	00	\$260.61	
57531	00	\$1,299.92	
57540	00	\$594.41	
57545	00	\$627.53	
57550	00	\$308.48	
57555	00	\$456.58	
57556	00	\$436.24	
57558	00	\$94.53	\$85.82
57700	00	\$231.27	
57720	00	\$231.87	
57800	00	\$45.64	\$37.21
58100	00	\$83.67	\$67.65
58110	00	\$37.50	\$32.16
58110	52	\$18.75	\$16.08
58120	00	\$189.11	\$164.37
58140	00	\$697.03	
58145	00	\$412.58	
58146	00	\$888.49	
58150	00	\$756.40	
58152	00	\$954.20	
58180	00	\$726.97	
58200	00	\$1,000.18	
58210	00	\$1,332.73	
58240	00	\$2,101.95	
58260	00	\$630.81	
58262	00	\$704.97	
58263	00	\$759.71	
58267	00	\$807.37	
58270	00	\$675.94	
58275	00	\$752.24	
58280	00	\$805.04	
58285	00	\$1,010.58	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 130

Proc	Mod	Rate	Rate
58290	00	\$884.50	
58291	00	\$961.19	
58292	00	\$1,013.11	
58293	00	\$1,052.06	
58294	00	\$934.85	
58300	FP	\$59.40	\$42.82
58300	00	\$59.40	\$42.82
58300	52	\$29.70	\$21.41
58301	FP	\$72.94	\$52.71
58301	00	\$72.94	\$52.71
58301	52	\$36.47	\$26.36
58340	FP	\$95.70	\$45.40
58340	00	\$95.70	\$45.40
58340	52	\$47.85	\$22.70
58346	00	\$348.79	
58346	52	\$174.40	
58353	00	\$840.30	\$168.39
58353	52	\$420.15	\$84.20
58356	00	\$1,539.23	\$269.31
58356	52	\$769.62	\$134.66
58400	00	\$340.92	
58410	00	\$612.48	
58520	00	\$597.78	
58540	00	\$693.85	
58541	00	\$654.17	
58542	00	\$728.02	
58543	00	\$740.15	
58544	00	\$800.14	
58545	00	\$683.41	
58546	00	\$866.53	
58548	00	\$1,352.98	
58550	00	\$674.29	
58552	00	\$745.61	
58553	00	\$871.09	
58554	00	\$1,000.33	
58555	00	\$182.72	\$146.76
58558	00	\$247.36	\$206.90
58559	00	\$266.22	
58560	00	\$300.93	
58561	00	\$426.08	
58562	00	\$261.90	\$225.65
58563	00	\$1,368.65	\$266.22
58565	FP	\$1,454.78	\$336.33
58565	00	\$1,454.78	\$336.33
58570	00	\$702.54	
58571	00	\$773.44	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 131

Proc	Mod	Payment Rate	Facility Rate
58572	00	\$874.19	
58573	00	\$992.17	
58578	00	M	
58579	00	M	
58600	FP	\$276.32	
58600	00	\$276.32	
58605	FP	\$251.09	
58605	00	\$251.09	
58611	FP	\$60.39	
58611	00	\$60.39	
58611	52	\$30.20	
58615	FP	\$189.60	
58615	00	\$189.60	
58660	00	\$513.32	
58661	FP	\$493.80	
58661	00	\$493.80	
58662	00	\$539.75	
58670	FP	\$278.14	
58670	00	\$278.14	
58671	FP	\$278.00	
58671	00	\$278.00	
58673	00	\$617.91	
58679	00	M	
58700	00	\$581.02	
58720	00	\$546.23	
58740	00	\$666.04	
58800	00	\$242.31	\$226.29
58805	00	\$307.36	
58820	00	\$236.77	
58822	00	\$537.75	
58823	00	\$676.62	\$142.98
58900	00	\$313.75	
58920	00	\$534.37	
58925	00	\$557.35	
58940	00	\$381.07	
58943	00	\$852.96	
58950	00	\$813.03	
58951	00	\$1,050.31	
58952	00	\$1,184.16	
58953	00	\$1,469.29	
58954	00	\$1,595.15	
58956	00	\$1,020.48	
58957	00	\$1,130.70	
58958	00	\$1,256.84	
58960	00	\$702.34	
58999	00	M	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 132

Proc	Mod	Payment Facility	
		Rate	Rate
59000	00	\$96.04	\$61.19
59000	52	\$48.02	\$30.60
59001	00	\$139.97	
59001	52	\$69.99	
59012	00	\$154.29	
59012	52	\$77.15	
59015	00	\$117.02	\$100.44
59015	52	\$58.51	\$50.22
59020	TC	\$23.31	
59020	00	\$51.89	
59020	26	\$28.59	
59020	52	\$25.95	
59025	TC	\$11.80	
59025	00	\$34.81	
59025	26	\$23.01	
59025	52	\$17.41	
59025	99	\$23.01	\$21.95
59030	00	\$85.93	
59030	52	\$42.97	
59050	00	\$38.38	
59050	52	\$19.19	
59051	00	\$31.77	
59051	52	\$15.89	
59070	00	\$301.29	\$225.70
59070	52	\$150.65	\$112.85
59072	00	\$374.07	
59072	52	\$187.04	
59074	00	\$286.11	\$223.73
59074	52	\$143.06	\$111.87
59076	00	\$366.21	
59076	52	\$183.11	
59100	00	\$617.33	
59120	00	\$590.05	
59121	00	\$592.52	
59130	00	\$691.39	
59135	00	\$699.93	
59136	00	\$654.31	
59140	00	\$292.91	
59150	00	\$572.94	
59151	00	\$559.92	
59160	00	\$159.29	\$134.56
59200	00	\$55.24	\$34.16
59200	52	\$27.62	\$17.08
59300	00	\$143.34	\$110.46
59320	00	\$115.71	
59325	00	\$183.07	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 133

Proc	Mod	Rate	Rate
59350	00	\$210.44	
59409	00	\$1,200.00	
59412	00	\$78.24	
59412	52	\$39.12	
59414	00	\$69.52	
59430	00	\$105.02	\$95.18
59430	52	\$52.51	\$47.59
59514	00	\$1,200.00	
59525	00	\$367.99	
59525	52	\$184.00	
59612	00	\$1,200.00	
59620	00	\$1,200.00	
59812	00	\$233.61	\$218.16
59820	00	\$276.05	\$257.22
59821	00	\$280.94	\$260.99
59830	00	\$324.42	
59840	00	\$161.64	\$156.58
59841	00	\$281.81	\$266.36
59850	00	\$290.64	
59851	00	\$298.28	
59852	00	\$418.57	
59855	00	\$309.84	
59856	00	\$366.00	
59857	00	\$438.64	
59870	00	\$348.27	
59871	00	\$101.08	
59897	00	M	
59897	52	M	
59898	00	M	
59899	00	M	
60000	00	\$117.14	\$107.31
60100	00	\$88.27	\$65.51
60200	00	\$482.94	
60210	00	\$517.14	
60212	00	\$742.53	
60220	00	\$567.23	
60225	00	\$681.16	
60240	00	\$722.33	
60252	00	\$976.60	
60254	00	\$1,260.64	
60260	00	\$815.26	
60270	00	\$1,028.26	
60271	00	\$788.28	
60280	00	\$324.11	
60281	00	\$434.26	
60300	00	\$81.64	\$40.33

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 134

Proc	Mod	Payment Rate	Facility Rate
60500	00	\$748.38	
60502	00	\$939.45	
60505	00	\$1,032.22	
60512	00	\$183.83	
60512	52	\$91.92	
60520	00	\$770.10	
60521	00	\$881.58	
60522	00	\$1,064.61	
60540	00	\$814.94	
60545	00	\$927.75	
60600	00	\$1,080.95	
60605	00	\$1,361.98	
60650	00	\$907.62	
60659	00	M	
60699	00	M	
61000	00	\$82.56	
61001	00	\$80.46	
61020	00	\$94.53	
61026	00	\$94.92	
61050	00	\$82.08	
61055	00	\$105.99	
61070	00	\$60.30	
61105	00	\$310.80	
61107	00	\$231.36	
61107	52	\$115.68	
61108	00	\$619.18	
61120	00	\$508.12	
61140	00	\$880.49	
61150	00	\$943.86	
61151	00	\$683.52	
61154	00	\$881.21	
61156	00	\$879.43	
61210	00	\$270.15	
61210	52	\$135.08	
61215	00	\$338.59	
61250	00	\$593.72	
61253	00	\$658.18	
61304	00	\$1,161.44	
61305	00	\$1,404.96	
61312	00	\$1,458.50	
61313	00	\$1,390.30	
61314	00	\$1,284.95	
61315	00	\$1,463.18	
61316	00	\$63.69	
61316	52	\$31.85	
61320	00	\$1,353.19	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 135

Proc	Mod	Payment Rate	Facility Rate
61321	00	\$1,484.86	
61322	00	\$1,650.74	
61323	00	\$1,678.71	
61330	00	\$1,170.25	
61332	00	\$1,343.39	
61333	00	\$1,363.10	
61334	00	\$890.11	
61340	00	\$1,007.40	
61343	00	\$1,557.76	
61345	00	\$1,441.19	
61440	00	\$1,410.89	
61450	00	\$1,341.65	
61458	00	\$1,424.45	
61460	00	\$1,451.94	
61470	00	\$1,344.94	
61480	00	\$1,304.84	
61490	00	\$1,346.64	
61500	00	\$955.73	
61501	00	\$820.51	
61510	00	\$1,536.77	
61512	00	\$1,814.18	
61514	00	\$1,346.67	
61516	00	\$1,314.04	
61517	00	\$63.67	
61517	52	\$31.84	
61518	00	\$1,952.46	
61519	00	\$2,102.66	
61520	00	\$2,703.97	
61521	00	\$2,260.41	
61522	00	\$1,549.81	
61524	00	\$1,463.60	
61526	00	\$2,476.67	
61530	00	\$2,102.03	
61531	00	\$847.68	
61533	00	\$1,070.58	
61534	00	\$1,153.35	
61535	00	\$689.92	
61536	00	\$1,838.80	
61537	00	\$1,705.71	
61538	00	\$1,832.20	
61539	00	\$1,664.99	
61540	00	\$1,557.49	
61541	00	\$1,504.16	
61542	00	\$1,626.52	
61543	00	\$1,519.92	
61544	00	\$1,259.44	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 136

Proc	Mod	Payment Rate	Facility Rate
61545	00	\$2,242.49	
61546	00	\$1,624.88	
61548	00	\$1,113.18	
61550	00	\$736.67	
61552	00	\$968.80	
61556	00	\$1,163.67	
61557	00	\$1,188.37	
61558	00	\$1,253.71	
61559	00	\$1,700.94	
61563	00	\$1,378.85	
61564	00	\$1,712.54	
61566	00	\$1,587.46	
61567	00	\$1,793.50	
61570	00	\$1,297.50	
61571	00	\$1,406.43	
61575	00	\$1,696.74	
61576	00	\$2,719.81	
61580	00	\$1,784.22	
61581	00	\$2,003.19	
61582	00	\$2,025.38	
61583	00	\$2,046.89	
61584	00	\$1,998.00	
61585	00	\$2,132.80	
61586	00	\$1,531.31	
61590	00	\$2,274.46	
61591	00	\$2,288.01	
61592	00	\$2,246.35	
61595	00	\$1,715.95	
61596	00	\$1,897.77	
61597	00	\$2,042.92	
61598	00	\$1,823.90	
61600	00	\$1,543.11	
61601	00	\$1,668.51	
61605	00	\$1,624.54	
61606	00	\$2,143.52	
61607	00	\$2,000.33	
61608	00	\$2,307.08	
61609	00	\$445.84	
61609	52	\$222.92	
61610	00	\$1,365.59	
61610	52	\$682.80	
61611	00	\$344.78	
61611	52	\$172.39	
61612	00	\$1,230.57	
61612	52	\$615.29	
61613	00	\$2,254.95	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 137

Proc	Mod	Payment Rate	Facility Rate
61615	00	\$1,793.87	
61616	00	\$2,343.99	
61618	00	\$924.23	
61619	00	\$1,068.94	
61623	00	\$435.56	
61624	00	\$868.41	
61626	00	\$709.92	
61680	00	\$1,604.75	
61682	00	\$3,017.16	
61684	00	\$2,008.14	
61686	00	\$3,230.58	
61690	00	\$1,531.02	
61692	00	\$2,609.76	
61697	00	\$2,967.67	
61698	00	\$3,204.12	
61700	00	\$2,462.63	
61702	00	\$2,787.47	
61703	00	\$948.40	
61705	00	\$1,819.18	
61708	00	\$1,611.96	
61710	00	\$1,447.55	
61711	00	\$1,850.22	
61720	00	\$834.66	
61735	00	\$1,030.47	
61750	00	\$989.76	
61751	00	\$963.29	
61760	00	\$1,089.38	
61770	00	\$1,087.62	
61790	00	\$598.32	
61791	00	\$777.07	
61795	00	\$182.29	
61795	52	\$91.15	
61796	00	\$563.70	
61797	00	\$155.56	
61797	52	\$77.78	
61798	00	\$563.70	
61799	00	\$215.02	
61799	52	\$107.51	
61800	00	\$108.87	
61800	52	\$54.44	
61863	00	\$1,061.58	
61864	00	\$267.78	
61864	52	\$133.89	
61867	00	\$1,584.77	
61868	00	\$414.32	
61868	52	\$207.16	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 138

Proc	Mod	Payment Rate	Facility Rate
61885	00	\$443.65	
61886	00	\$560.89	
61888	00	\$280.01	
62000	00	\$633.60	
62005	00	\$875.76	
62010	00	\$1,067.30	
62100	00	\$1,141.50	
62115	00	\$1,013.87	
62116	00	\$1,251.12	
62117	00	\$1,364.67	
62120	00	\$1,298.51	
62121	00	\$1,179.76	
62140	00	\$738.44	
62141	00	\$811.51	
62142	00	\$617.98	
62143	00	\$723.80	
62145	00	\$994.50	
62146	00	\$854.69	
62147	00	\$1,015.33	
62148	00	\$91.16	
62148	52	\$45.58	
62160	00	\$139.39	
62160	52	\$69.70	
62161	00	\$1,066.86	
62162	00	\$1,330.51	
62163	00	\$858.38	
62164	00	\$1,425.47	
62165	00	\$1,113.06	
62180	00	\$1,120.99	
62190	00	\$636.24	
62192	00	\$678.98	
62194	00	\$279.39	
62200	00	\$967.26	
62201	00	\$830.41	
62220	00	\$712.71	
62223	00	\$731.99	
62225	00	\$348.41	
62230	00	\$588.77	
62252	TC	\$37.93	
62252	00	\$72.22	
62252	26	\$34.30	
62256	00	\$408.15	
62258	00	\$792.00	
62263	00	\$478.20	\$287.67
62263	52	\$239.10	\$143.84
62264	00	\$293.98	\$177.08

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 139

Proc	Mod	Payment Facility	
		Rate	Rate
62264	52	\$146.99	\$88.54
62267	00	\$191.22	\$128.55
62268	00	\$346.56	\$207.17
62268	52	\$173.28	\$103.59
62269	00	\$376.05	\$211.66
62270	00	\$114.70	\$60.18
62270	52	\$57.35	\$30.09
62272	00	\$134.01	\$62.91
62272	52	\$67.01	\$31.46
62273	00	\$123.56	\$86.19
62273	52	\$61.78	\$43.10
62280	00	\$224.55	\$116.63
62280	52	\$112.28	\$58.32
62281	00	\$209.07	\$113.24
62281	52	\$104.54	\$56.62
62282	00	\$215.69	\$104.13
62282	52	\$107.85	\$52.07
62284	00	\$163.94	\$70.36
62284	52	\$81.97	\$35.18
62287	00	\$415.53	
62287	52	\$207.77	
62290	00	\$240.95	\$131.36
62290	52	\$120.48	\$65.68
62291	00	\$225.66	\$126.74
62291	52	\$112.83	\$63.37
62292	00	\$375.49	
62294	00	\$598.43	
62310	00	\$158.98	\$78.05
62310	52	\$79.49	\$39.03
62311	00	\$140.06	\$64.75
62311	52	\$70.03	\$32.38
62318	00	\$170.04	\$78.71
62318	52	\$85.02	\$39.36
62319	00	\$153.95	\$73.57
62319	52	\$76.98	\$36.79
62350	00	\$287.05	
62351	00	\$601.51	
62355	00	\$215.14	
62360	00	\$209.12	
62361	00	\$285.93	
62362	00	\$300.36	
62365	00	\$237.20	
62367	00	\$28.79	\$18.68
62367	52	\$14.40	\$9.34
62368	00	\$41.24	\$29.15
62368	26	\$28.63	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 140

Proc	Mod	Payment Rate	Facility Rate
62368	52	\$20.62	\$14.58
63001	00	\$874.04	
63003	00	\$879.76	
63005	00	\$835.13	
63011	00	\$789.13	
63012	00	\$849.59	
63015	00	\$1,047.94	
63016	00	\$1,080.84	
63017	00	\$880.27	
63020	00	\$830.86	
63030	00	\$690.00	
63035	00	\$146.85	
63035	52	\$73.43	
63040	00	\$1,010.19	
63042	00	\$945.85	
63043	00	\$197.71	
63043	52	\$98.86	
63044	00	\$116.64	
63044	52	\$58.32	
63045	00	\$903.83	
63046	00	\$865.50	
63047	00	\$788.93	
63048	00	\$158.90	
63048	52	\$79.45	
63050	00	\$1,088.07	
63051	00	\$1,233.72	
63055	00	\$1,163.52	
63056	00	\$1,075.39	
63057	00	\$242.67	
63057	52	\$121.34	
63064	00	\$1,274.06	
63066	00	\$150.00	
63066	52	\$75.00	
63075	00	\$991.41	
63076	00	\$187.20	
63076	52	\$93.60	
63077	00	\$1,096.37	
63078	00	\$149.65	
63078	52	\$74.83	
63081	00	\$1,277.82	
63082	00	\$202.18	
63082	52	\$101.09	
63085	00	\$1,377.67	
63086	00	\$144.48	
63086	52	\$72.24	
63087	00	\$1,756.36	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 141

Proc	Mod	Payment Rate	Facility Rate
63088	00	\$197.61	
63088	52	\$98.81	
63090	00	\$1,442.49	
63091	00	\$136.31	
63091	52	\$68.16	
63101	00	\$1,643.95	
63102	00	\$1,637.21	
63103	00	\$218.06	
63103	52	\$109.03	
63170	00	\$1,094.23	
63172	00	\$984.12	
63173	00	\$1,212.15	
63180	00	\$993.28	
63182	00	\$1,060.36	
63185	00	\$810.05	
63190	00	\$930.91	
63191	00	\$873.13	
63194	00	\$1,061.94	
63195	00	\$1,064.97	
63196	00	\$1,252.31	
63197	00	\$1,194.41	
63198	00	\$1,329.82	
63199	00	\$1,437.36	
63200	00	\$1,067.23	
63250	00	\$2,079.16	
63251	00	\$2,150.21	
63252	00	\$2,150.55	
63265	00	\$1,182.26	
63266	00	\$1,216.07	
63267	00	\$979.08	
63268	00	\$987.63	
63270	00	\$1,455.54	
63271	00	\$1,464.02	
63272	00	\$1,349.49	
63273	00	\$1,276.05	
63275	00	\$1,270.61	
63276	00	\$1,265.46	
63277	00	\$1,111.02	
63278	00	\$1,089.96	
63280	00	\$1,499.67	
63281	00	\$1,482.79	
63282	00	\$1,398.98	
63283	00	\$1,326.46	
63285	00	\$1,841.39	
63286	00	\$1,834.09	
63287	00	\$1,937.61	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 142

Proc	Mod	Payment Rate	Facility Rate
63290	00	\$1,963.60	
63295	00	\$234.98	
63295	52	\$117.49	
63300	00	\$1,310.55	
63301	00	\$1,479.92	
63302	00	\$1,469.40	
63303	00	\$1,544.08	
63304	00	\$1,627.70	
63305	00	\$1,669.38	
63306	00	\$1,734.81	
63307	00	\$1,629.12	
63308	00	\$242.76	
63308	52	\$121.38	
63600	00	\$620.95	
63610	00	\$975.92	\$333.79
63615	00	\$823.93	
63620	00	\$563.70	
63621	00	\$178.83	
63621	52	\$89.42	
63650	00	\$308.64	
63655	00	\$601.29	
63661	00	\$336.26	\$191.60
63662	00	\$427.34	
63663	00	\$490.05	\$287.43
63664	00	\$444.91	
63685	00	\$291.12	
63688	00	\$260.86	
63700	00	\$875.22	
63702	00	\$983.03	
63704	00	\$1,097.12	
63706	00	\$1,271.77	
63707	00	\$646.32	
63709	00	\$785.90	
63710	00	\$783.00	
63740	00	\$663.03	
63741	00	\$434.26	
63744	00	\$453.69	
63746	00	\$395.54	
64400	00	\$78.67	\$48.04
64400	52	\$39.34	\$24.02
64402	00	\$80.76	\$54.63
64402	52	\$40.38	\$27.32
64405	00	\$76.62	\$56.10
64405	52	\$38.31	\$28.05
64408	00	\$88.12	\$67.32
64408	52	\$44.06	\$33.66

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 143

Proc	Mod	Payment Rate	Facility Rate
64410	00	\$102.08	\$60.21
64410	52	\$51.04	\$30.11
64412	00	\$100.94	\$53.44
64412	52	\$50.47	\$26.72
64413	00	\$84.99	\$58.58
64413	52	\$42.50	\$29.29
64415	00	\$96.33	\$56.98
64415	52	\$48.17	\$28.49
64416	00	\$70.55	
64416	52	\$35.28	
64417	00	\$97.05	\$56.30
64417	52	\$48.53	\$28.15
64418	00	\$98.68	\$55.96
64418	52	\$49.34	\$27.98
64420	00	\$116.39	\$50.35
64420	52	\$58.20	\$25.18
64421	00	\$171.66	\$69.08
64421	52	\$85.83	\$34.54
64425	00	\$95.42	\$71.53
64425	52	\$47.71	\$35.77
64430	00	\$114.96	\$67.47
64430	52	\$57.48	\$33.74
64435	00	\$106.49	\$64.33
64435	52	\$53.25	\$32.17
64445	00	\$99.84	\$61.62
64445	52	\$49.92	\$30.81
64446	00	\$70.99	
64446	52	\$35.50	
64447	00	\$54.52	
64447	52	\$27.26	
64448	00	\$62.88	
64448	52	\$31.44	
64449	00	\$70.58	
64449	52	\$35.29	
64450	00	\$76.32	\$54.96
64450	52	\$38.16	\$27.48
64455	00	\$39.12	\$31.25
64479	00	\$202.25	\$94.07
64479	52	\$101.13	\$47.04
64480	00	\$102.55	\$61.52
64480	52	\$51.28	\$30.76
64483	00	\$196.18	\$82.65
64483	52	\$98.09	\$41.33
64484	00	\$100.25	\$52.48
64484	52	\$50.13	\$26.24
64490	00	\$101.70	\$67.42

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 144

Proc	Mod	Payment Rate	Facility Rate
64491	00	\$50.27	\$38.77
64492	00	\$50.94	\$39.43
64493	00	\$92.02	\$57.28
64494	00	\$45.14	\$33.20
64495	00	\$45.80	\$33.86
64505	00	\$75.60	\$63.80
64505	52	\$37.80	\$31.90
64508	00	\$103.72	\$52.85
64508	52	\$51.86	\$26.43
64510	00	\$103.44	\$51.74
64510	52	\$51.72	\$25.87
64517	00	\$126.25	\$91.12
64517	52	\$63.13	\$45.56
64520	00	\$134.87	\$58.44
64520	52	\$67.44	\$29.22
64530	00	\$139.75	\$68.94
64530	52	\$69.88	\$34.47
64561	00	\$845.71	\$328.64
64573	00	\$424.14	
64581	00	\$638.61	
64585	00	\$244.33	\$120.12
64590	00	\$230.57	\$134.74
64595	00	\$236.20	\$105.81
64600	00	\$293.00	\$160.08
64605	00	\$412.87	\$253.81
64610	00	\$499.98	\$352.45
64612	00	\$114.36	\$101.15
64613	00	\$112.68	\$95.81
64614	00	\$126.39	\$106.72
64620	00	\$198.82	\$125.76
64622	00	\$237.23	\$133.54
64623	00	\$87.74	\$38.00
64623	52	\$43.87	\$19.00
64626	00	\$276.94	\$176.05
64627	00	\$119.28	\$44.54
64627	52	\$59.64	\$22.27
64630	00	\$173.44	\$145.62
64632	00	\$64.61	
64640	00	\$169.76	\$132.96
64650	00	\$49.24	\$30.13
64653	00	\$57.34	\$37.68
64680	00	\$223.76	\$121.75
64702	00	\$335.62	
64704	00	\$246.42	
64708	00	\$346.72	
64712	00	\$401.45	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 145

Proc	Mod	Payment Rate	Facility Rate
64713	00	\$559.28	
64714	00	\$481.63	
64716	00	\$381.39	
64718	00	\$408.58	
64719	00	\$283.16	
64721	00	\$298.48	\$297.36
64722	00	\$244.71	
64726	00	\$215.05	
64727	00	\$140.45	
64727	52	\$70.23	
64732	00	\$276.00	
64734	00	\$299.67	
64736	00	\$284.62	
64738	00	\$334.45	
64740	00	\$335.38	
64742	00	\$344.24	
64744	00	\$298.89	
64746	00	\$325.53	
64752	00	\$369.12	
64755	00	\$659.23	
64760	00	\$349.74	
64761	00	\$331.91	
64763	00	\$398.11	
64766	00	\$460.61	
64771	00	\$429.33	
64772	00	\$411.75	
64774	00	\$298.88	
64776	00	\$287.11	
64778	00	\$139.64	
64778	52	\$69.82	
64782	00	\$339.04	
64783	00	\$167.09	
64783	52	\$83.55	
64784	00	\$527.40	
64786	00	\$789.86	
64787	00	\$191.95	
64787	52	\$95.98	
64788	00	\$279.96	
64790	00	\$600.55	
64792	00	\$780.54	
64795	00	\$142.71	
64802	00	\$446.74	
64804	00	\$680.22	
64809	00	\$640.84	
64818	00	\$496.30	
64820	00	\$551.29	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 146

Proc	Mod	Payment Rate	Facility Rate
64821	00	\$496.95	
64822	00	\$490.75	
64823	00	\$557.92	
64831	00	\$491.44	
64832	00	\$259.23	
64832	52	\$129.62	
64834	00	\$545.43	
64835	00	\$590.98	
64836	00	\$590.99	
64837	00	\$287.64	
64837	52	\$143.82	
64840	00	\$676.79	
64856	00	\$744.37	
64857	00	\$778.44	
64858	00	\$892.77	
64859	00	\$195.05	
64859	52	\$97.53	
64861	00	\$1,007.31	
64862	00	\$986.63	
64864	00	\$648.90	
64865	00	\$855.25	
64866	00	\$886.94	
64868	00	\$778.12	
64870	00	\$766.29	
64872	00	\$91.59	
64872	52	\$45.80	
64874	00	\$134.77	
64874	52	\$67.39	
64876	00	\$147.28	
64876	52	\$73.64	
64885	00	\$845.53	
64886	00	\$1,002.35	
64890	00	\$801.85	
64891	00	\$832.63	
64892	00	\$778.71	
64893	00	\$820.47	
64895	00	\$966.19	
64896	00	\$1,063.18	
64897	00	\$934.17	
64898	00	\$1,018.37	
64901	00	\$458.97	
64901	52	\$229.49	
64902	00	\$527.70	
64902	52	\$263.85	
64905	00	\$746.48	
64907	00	\$978.93	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 147

Proc	Mod	Payment Rate	Facility Rate
64910	00	\$597.71	
64911	00	\$723.75	
64999	00	M	
65091	00	\$429.60	
65093	00	\$428.17	
65101	00	\$494.95	
65103	00	\$517.31	
65105	00	\$571.12	
65110	00	\$834.86	
65112	00	\$981.48	
65114	00	\$1,023.09	
65125	00	\$303.60	\$194.56
65130	00	\$490.23	
65135	00	\$499.33	
65140	00	\$544.17	
65150	00	\$393.37	
65155	00	\$574.12	
65175	00	\$441.24	
65205	00	\$39.02	\$31.43
65210	00	\$47.69	\$37.85
65220	00	\$39.85	\$30.87
65222	00	\$52.44	\$41.49
65235	00	\$473.03	
65260	00	\$649.02	
65265	00	\$731.32	
65270	00	\$178.26	\$96.77
65272	00	\$331.30	\$234.91
65273	00	\$258.26	
65275	00	\$374.18	\$307.57
65280	00	\$453.20	
65285	00	\$708.23	
65286	00	\$469.08	\$333.06
65290	00	\$332.20	
65400	00	\$449.12	\$400.50
65410	00	\$97.43	\$72.42
65420	00	\$342.93	\$251.60
65426	00	\$434.12	\$322.00
65430	00	\$79.45	\$72.42
65435	00	\$54.66	\$48.19
65436	00	\$260.30	\$250.48
65450	00	\$214.03	\$211.50
65710	00	\$747.28	
65730	00	\$831.91	
65750	00	\$844.36	
65755	00	\$839.40	
65756	00	\$810.08	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 148

Proc	Mod	Payment Rate	Facility Rate
65756	52	\$405.04	
65757	00	M	
65757	52	M	
65760	00	\$901.00	
65765	00	\$901.00	
65767	00	\$901.00	
65770	00	\$966.19	
65772	00	\$300.63	\$271.41
65775	00	\$370.83	
65800	00	\$103.77	\$91.68
65805	00	\$112.75	\$91.68
65810	00	\$314.36	
65815	00	\$424.90	\$318.96
65820	00	\$505.04	
65850	00	\$577.27	
65855	00	\$229.82	\$203.41
65860	00	\$212.11	\$176.70
65865	00	\$321.35	
65870	00	\$397.66	
65875	00	\$422.29	
65880	00	\$445.38	
65900	00	\$654.14	
65920	00	\$528.94	
65930	00	\$435.77	
66020	00	\$124.67	\$88.98
66020	52	\$62.34	\$44.49
66030	00	\$109.92	\$74.23
66030	52	\$54.96	\$37.12
66130	00	\$476.04	\$392.87
66150	00	\$580.37	
66155	00	\$578.81	
66160	00	\$659.70	
66165	00	\$566.89	
66170	00	\$798.85	
66172	00	\$1,003.76	
66180	00	\$797.85	
66185	00	\$502.09	
66220	00	\$490.05	
66225	00	\$632.44	
66250	00	\$499.25	\$372.51
66500	00	\$236.55	
66505	00	\$259.01	
66600	00	\$551.29	
66605	00	\$718.30	
66625	00	\$289.63	
66630	00	\$381.88	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 149

Proc	Mod	Payment Rate	Facility Rate
66635	00	\$385.80	
66680	00	\$344.82	
66682	00	\$418.28	
66700	00	\$301.34	\$267.06
66710	00	\$296.42	\$266.35
66711	00	\$426.21	
66720	00	\$309.75	\$280.51
66740	00	\$294.46	\$267.48
66761	00	\$301.64	\$275.50
66761	54	\$241.31	\$220.40
66761	55	\$60.33	\$55.10
66762	00	\$316.37	\$285.18
66770	00	\$351.79	\$323.40
66820	00	\$265.03	
66821	00	\$215.78	\$203.97
66825	00	\$512.07	
66830	00	\$481.92	
66840	00	\$469.41	
66850	00	\$535.96	
66852	00	\$573.87	
66920	00	\$511.92	
66930	00	\$582.04	
66940	00	\$528.13	
66982	00	\$728.92	
66983	00	\$504.06	
66984	00	\$522.32	
66984	54	\$417.86	
66984	55	\$104.46	
66985	00	\$515.57	
66986	00	\$631.09	
66990	00	\$65.23	
66990	52	\$32.62	
66999	00	M	
67005	00	\$317.17	
67010	00	\$367.78	
67015	00	\$391.56	
67025	00	\$485.26	\$423.44
67027	00	\$581.19	
67028	00	\$145.86	\$118.04
67030	00	\$349.34	
67031	00	\$258.22	\$237.71
67036	00	\$657.12	
67039	00	\$840.80	
67040	00	\$970.73	
67041	00	\$910.06	
67042	00	\$1,043.37	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 150

Proc	Mod	Payment Rate	Facility Rate
67043	00	\$1,094.06	
67101	00	\$520.01	\$453.40
67105	00	\$482.18	\$434.97
67107	00	\$826.06	
67108	00	\$1,101.46	
67110	00	\$583.29	\$522.30
67112	00	\$908.61	
67113	00	\$1,197.70	
67115	00	\$330.99	
67120	00	\$437.84	\$373.49
67121	00	\$615.31	
67141	00	\$348.47	\$325.72
67145	00	\$351.64	\$333.09
67208	00	\$404.12	\$390.63
67210	00	\$473.42	\$458.53
67218	00	\$963.63	
67220	00	\$726.49	\$694.46
67221	00	\$203.91	\$154.18
67225	00	\$21.32	\$20.19
67225	52	\$10.66	\$10.10
67227	00	\$410.80	\$385.79
67228	00	\$807.88	\$716.55
67229	00	\$787.12	
67250	00	\$532.05	
67255	00	\$568.80	
67299	00	M	
67311	00	\$404.09	
67312	00	\$484.34	
67314	00	\$453.37	
67316	00	\$543.89	
67318	00	\$474.28	
67320	00	\$228.99	
67320	52	\$114.50	
67331	00	\$216.82	
67331	52	\$108.41	
67332	00	\$235.78	
67332	52	\$117.89	
67334	00	\$213.93	
67334	52	\$106.97	
67335	00	\$107.41	
67335	52	\$53.71	
67340	00	\$254.76	
67340	52	\$127.38	
67343	00	\$440.41	
67345	00	\$160.26	\$146.49
67346	00	\$140.55	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 151

Proc	Mod	Payment Rate	Facility Rate
67399	00	M	
67400	00	\$632.12	
67405	00	\$537.31	
67412	00	\$585.40	
67413	00	\$585.45	
67414	00	\$903.03	
67415	00	\$75.22	
67420	00	\$1,122.64	
67430	00	\$849.76	
67440	00	\$820.16	
67445	00	\$967.83	
67450	00	\$851.27	
67500	00	\$63.06	\$57.44
67500	52	\$31.53	\$28.72
67505	00	\$61.16	\$55.26
67505	52	\$30.58	\$27.63
67515	00	\$65.20	\$60.42
67515	52	\$32.60	\$30.21
67550	00	\$658.42	
67560	00	\$671.44	
67570	00	\$789.63	
67599	00	M	
67700	00	\$176.66	\$77.74
67710	00	\$148.73	\$64.71
67715	00	\$157.04	\$73.30
67800	00	\$85.67	\$71.34
67801	00	\$110.17	\$92.74
67805	00	\$136.20	\$113.72
67808	00	\$246.10	
67810	00	\$152.68	\$66.97
67820	00	\$36.34	\$37.47
67825	00	\$86.83	\$81.77
67830	00	\$177.82	\$93.80
67835	00	\$299.56	
67840	00	\$186.68	\$108.83
67850	00	\$150.40	\$97.28
67875	00	\$116.75	\$67.85
67880	00	\$304.54	\$246.10
67882	00	\$376.62	\$317.32
67900	00	\$434.76	\$350.74
67901	00	\$469.60	\$392.88
67902	00	\$487.84	
67903	00	\$415.27	\$339.40
67904	00	\$492.46	\$403.66
67906	00	\$352.28	
67908	00	\$331.50	\$292.72

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 152

Proc	Mod	Rate	Rate
67909	00	\$363.33	\$299.82
67911	00	\$377.92	
67912	00	\$607.39	\$339.02
67914	00	\$263.81	\$197.77
67915	00	\$236.10	\$174.56
67916	00	\$363.77	\$294.64
67917	00	\$397.86	\$325.92
67921	00	\$250.91	\$184.87
67922	00	\$228.59	\$168.17
67923	00	\$384.27	\$318.23
67924	00	\$396.90	\$307.81
67930	00	\$249.24	\$170.56
67935	00	\$405.30	\$310.60
67938	00	\$161.58	\$78.11
67950	00	\$391.10	\$319.72
67961	00	\$390.30	\$312.46
67966	00	\$517.87	\$444.80
67971	00	\$501.47	
67973	00	\$649.82	
67974	00	\$647.20	
67975	00	\$473.28	
67999	00	M	
68020	00	\$80.75	\$75.42
68040	00	\$45.18	\$37.87
68100	00	\$115.90	\$68.41
68110	00	\$150.90	\$100.60
68115	00	\$209.25	\$125.78
68130	00	\$362.11	\$278.65
68135	00	\$106.15	\$102.78
68200	00	\$28.96	\$24.18
68200	52	\$14.48	\$12.09
68320	00	\$479.17	\$358.33
68325	00	\$446.29	
68326	00	\$434.88	
68328	00	\$485.19	
68330	00	\$403.04	\$308.34
68335	00	\$436.25	
68340	00	\$362.39	\$266.28
68360	00	\$354.11	\$275.43
68362	00	\$442.32	
68399	00	M	
68400	00	\$187.35	\$93.21
68420	00	\$214.55	\$119.85
68440	00	\$71.78	\$64.75
68500	00	\$658.89	
68505	00	\$662.59	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 153

Proc	Mod	Payment Rate	Facility Rate
68510	00	\$309.41	\$206.56
68520	00	\$465.99	
68525	00	\$190.44	
68530	00	\$293.36	\$181.24
68540	00	\$630.15	
68550	00	\$774.36	
68700	00	\$406.72	
68705	00	\$160.04	\$113.11
68720	00	\$516.27	
68745	00	\$517.70	
68750	00	\$532.41	
68760	00	\$135.61	\$98.81
68761	00	\$98.99	\$80.17
68770	00	\$403.31	
68801	00	\$81.61	\$70.93
68810	00	\$158.66	\$128.04
68811	00	\$139.16	
68815	00	\$297.03	\$175.91
68816	00	\$451.04	\$168.33
68840	00	\$83.78	\$75.63
68850	00	\$47.28	\$43.35
68899	00	M	
69000	00	\$127.91	\$85.19
69005	00	\$152.44	\$116.19
69020	00	\$162.28	\$103.27
69100	00	\$76.12	\$37.06
69105	00	\$98.99	\$47.85
69110	00	\$323.94	\$237.95
69120	00	\$288.90	
69140	00	\$629.85	
69145	00	\$271.98	\$179.53
69150	00	\$776.73	
69155	00	\$1,250.59	
69200	00	\$86.26	\$41.57
69200	52	\$43.13	\$20.79
69205	00	\$74.30	
69210	00	\$36.19	\$24.95
69210	52	\$18.10	\$12.48
69220	00	\$96.69	\$46.38
69220	52	\$48.35	\$23.19
69222	00	\$155.30	\$100.22
69300	00	\$468.42	\$356.85
69310	00	\$788.37	
69320	00	\$1,127.19	
69399	00	M	
69400	00	\$100.34	\$46.10

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 154

Proc	Mod	Payment Rate	Facility Rate
69401	00	\$59.01	\$36.82
69405	00	\$186.83	\$143.84
69420	00	\$134.73	\$87.51
69421	00	\$110.87	
69424	00	\$91.40	\$46.44
69433	00	\$140.62	\$94.81
69436	00	\$120.53	
69440	00	\$498.83	
69450	00	\$390.72	
69501	00	\$537.74	
69502	00	\$716.11	
69505	00	\$879.88	
69511	00	\$905.03	
69530	00	\$1,223.77	
69535	00	\$1,998.85	
69540	00	\$146.29	\$92.05
69550	00	\$759.96	
69552	00	\$1,165.82	
69554	00	\$1,859.55	
69601	00	\$771.88	
69602	00	\$802.49	
69603	00	\$931.06	
69604	00	\$827.93	
69605	00	\$1,153.38	
69610	00	\$286.02	\$222.22
69620	00	\$497.48	\$359.21
69631	00	\$641.96	
69632	00	\$789.86	
69633	00	\$760.58	
69635	00	\$892.82	
69636	00	\$1,012.00	
69637	00	\$1,007.32	
69641	00	\$765.82	
69642	00	\$988.72	
69643	00	\$903.00	
69644	00	\$1,090.56	
69645	00	\$1,067.97	
69646	00	\$1,136.71	
69650	00	\$583.15	
69660	00	\$687.12	
69661	00	\$899.10	
69662	00	\$862.51	
69666	00	\$591.70	
69667	00	\$593.69	
69670	00	\$692.80	
69676	00	\$609.03	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 155

Proc	Mod	Payment Rate	Facility Rate
69700	00	\$508.61	
69710	00	\$821.50	
69711	00	\$636.73	
69714	00	\$799.24	
69715	00	\$996.74	
69717	00	\$846.69	
69718	00	\$1,032.50	
69720	00	\$865.05	
69725	00	\$1,416.97	
69740	00	\$874.64	
69745	00	\$929.20	
69799	00	M	
69801	00	\$546.94	
69801	52	\$273.47	
69802	00	\$770.29	
69805	00	\$783.50	
69806	00	\$702.29	
69820	00	\$634.59	
69840	00	\$666.00	
69905	00	\$676.68	
69910	00	\$760.11	
69915	00	\$1,155.74	
69930	00	\$927.23	
69949	00	M	
69950	00	\$1,368.95	
69955	00	\$1,495.21	
69960	00	\$1,452.99	
69970	00	\$1,621.56	
69979	00	M	
69990	00	\$160.66	
69990	52	\$80.33	
70010	TC	\$83.14	
70010	00	\$132.82	
70010	26	\$49.68	
70010	99	\$49.68	
70015	TC	\$61.24	
70015	00	\$111.90	
70015	26	\$50.66	
70015	99	\$50.66	
70030	TC	\$14.61	
70030	00	\$21.71	
70030	26	\$7.10	
70030	99	\$7.10	
70100	TC	\$16.01	
70100	00	\$23.42	
70100	26	\$7.40	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 156

Proc	Mod	Payment Rate	Facility Rate
70100	99	\$7.40	
70110	TC	\$19.94	
70110	00	\$30.37	
70110	26	\$10.42	
70110	99	\$10.42	
70120	TC	\$17.97	
70120	00	\$25.39	
70120	26	\$7.40	
70120	99	\$7.40	
70130	TC	\$27.95	
70130	00	\$42.15	
70130	26	\$14.20	
70130	99	\$14.20	
70134	TC	\$22.05	
70134	00	\$36.24	
70134	26	\$14.20	
70134	99	\$14.20	
70140	TC	\$15.17	
70140	00	\$22.88	
70140	26	\$7.71	
70140	99	\$7.71	
70150	TC	\$22.05	
70150	00	\$32.78	
70150	26	\$10.73	
70150	99	\$10.73	
70160	TC	\$17.42	
70160	00	\$24.52	
70160	26	\$7.10	
70160	99	\$7.10	
70170	TC	\$137.25	
70170	00	\$149.27	
70170	26	\$12.54	
70170	99	\$12.54	
70190	TC	\$18.54	
70190	00	\$27.16	
70190	26	\$8.62	
70190	99	\$8.62	
70200	TC	\$22.33	
70200	00	\$33.96	
70200	26	\$11.64	
70200	99	\$11.64	
70210	TC	\$15.73	
70210	00	\$22.82	
70210	26	\$7.10	
70210	99	\$7.10	
70220	TC	\$19.80	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 157

Proc	Mod	Payment Rate	Facility Rate
70220	00	\$29.95	
70220	26	\$10.14	
70220	99	\$10.14	
70240	TC	\$14.61	
70240	00	\$22.61	
70240	26	\$8.00	
70240	99	\$8.00	
70250	TC	\$17.97	
70250	00	\$27.80	
70250	26	\$9.83	
70250	99	\$9.83	
70260	TC	\$23.03	
70260	00	\$36.95	
70260	26	\$13.91	
70260	99	\$13.91	
70300	TC	\$6.46	
70300	00	\$10.83	
70300	26	\$4.36	
70300	99	\$4.36	
70310	TC	\$19.10	
70310	00	\$25.89	
70310	26	\$6.79	
70310	99	\$6.79	
70320	TC	\$24.16	
70320	00	\$33.37	
70320	26	\$9.21	
70320	99	\$9.21	
70328	TC	\$15.45	
70328	00	\$22.86	
70328	26	\$7.40	
70328	99	\$7.40	
70330	TC	\$25.98	
70330	00	\$36.09	
70330	26	\$10.11	
70330	99	\$10.11	
70332	TC	\$42.97	
70332	00	\$65.05	
70332	26	\$22.08	
70332	99	\$22.08	
70336	TC	\$264.48	
70336	00	\$326.52	
70336	26	\$62.05	
70336	99	\$62.05	
70350	TC	\$8.70	
70350	00	\$15.81	
70350	26	\$7.10	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 158

Proc	Mod	Payment Rate	Facility Rate
70350	99	\$7.10	
70355	TC	\$9.26	
70355	00	\$17.57	
70355	26	\$8.31	
70355	99	\$8.31	
70360	TC	\$13.77	
70360	00	\$20.86	
70360	26	\$7.10	
70360	99	\$7.10	
70370	TC	\$43.68	
70370	00	\$56.84	
70370	26	\$13.16	
70370	99	\$11.97	
70371	TC	\$41.56	
70371	00	\$75.76	
70371	26	\$34.19	
70371	99	\$34.19	\$31.97
70373	TC	\$44.24	
70373	00	\$61.53	
70373	26	\$17.29	
70373	99	\$17.29	
70380	TC	\$21.07	
70380	00	\$28.17	
70380	26	\$7.10	
70380	99	\$7.10	
70390	TC	\$59.98	
70390	00	\$75.97	
70390	26	\$16.00	
70390	99	\$16.00	
70450	TC	\$132.72	
70450	00	\$168.64	
70450	26	\$35.91	
70450	99	\$35.91	
70460	TC	\$170.80	
70460	00	\$218.34	
70460	26	\$47.54	
70460	99	\$47.54	
70470	TC	\$210.55	
70470	00	\$263.97	
70470	26	\$53.43	
70470	99	\$53.43	
70480	TC	\$148.90	
70480	00	\$202.64	
70480	26	\$53.74	
70480	99	\$53.74	
70481	TC	\$235.57	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 159

Proc	Mod	Payment Rate	Facility Rate
70481	00	\$293.54	
70481	26	\$57.96	
70481	99	\$57.96	
70482	TC	\$260.71	
70482	00	\$321.41	
70482	26	\$60.70	
70482	99	\$60.70	
70486	TC	\$148.33	
70486	00	\$196.18	
70486	26	\$47.85	
70486	99	\$47.85	
70487	TC	\$208.17	
70487	00	\$263.09	
70487	26	\$54.92	
70487	99	\$54.92	
70488	TC	\$260.28	
70488	00	\$319.77	
70488	26	\$59.49	
70488	99	\$59.49	
70490	TC	\$148.19	
70490	00	\$202.20	
70490	26	\$54.03	
70490	99	\$54.03	
70491	TC	\$200.86	
70491	00	\$258.83	
70491	26	\$57.96	
70491	99	\$57.96	
70492	TC	\$252.98	
70492	00	\$313.68	
70492	26	\$60.70	
70492	99	\$60.70	
70496	TC	\$268.99	
70496	00	\$342.93	
70496	26	\$73.93	
70496	99	\$73.93	
70498	TC	\$268.99	
70498	00	\$343.21	
70498	26	\$74.22	
70498	99	\$74.22	
70540	TC	\$267.18	
70540	00	\$323.66	
70540	26	\$56.48	
70540	99	\$56.48	
70542	TC	\$327.58	
70542	00	\$395.38	
70542	26	\$67.79	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 160

Proc	Mod	Payment Rate	Facility Rate
70542	99	\$67.79	
70543	TC	\$410.99	
70543	00	\$500.98	
70543	26	\$89.99	
70543	99	\$89.99	
70544	TC	\$265.76	
70544	00	\$316.03	
70544	26	\$50.28	
70544	99	\$50.28	
70545	TC	\$326.30	
70545	00	\$376.58	
70545	26	\$50.28	
70545	99	\$50.28	
70546	TC	\$414.28	
70546	00	\$489.76	
70546	26	\$75.48	
70546	99	\$75.48	
70547	TC	\$265.62	
70547	00	\$315.90	
70547	26	\$50.28	
70547	99	\$50.28	
70548	TC	\$326.59	
70548	00	\$376.86	
70548	26	\$50.28	
70548	99	\$50.28	
70549	TC	\$414.28	
70549	00	\$489.76	
70549	26	\$75.48	
70549	99	\$75.48	
70551	TC	\$265.47	
70551	00	\$327.52	
70551	26	\$62.05	
70551	99	\$62.05	
70552	TC	\$325.16	
70552	00	\$400.02	
70552	26	\$74.86	
70552	99	\$74.86	
70553	TC	\$405.86	
70553	00	\$504.89	
70553	26	\$99.03	
70553	99	\$99.03	
70554	TC	\$386.22	
70554	00	\$475.53	
70554	26	\$89.31	
70555	26	\$107.84	
70557	26	\$122.81	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 161

Proc	Mod	Payment Rate	Facility Rate
70558	26	\$134.08	
70559	26	\$136.04	
71010	FP	\$18.64	
71010	TC	\$11.24	
71010	00	\$18.64	
71010	26	\$7.40	
71010	99	\$7.40	
71015	TC	\$14.33	
71015	00	\$22.94	
71015	26	\$8.62	
71015	99	\$8.62	
71020	TC	\$15.45	
71020	00	\$24.66	
71020	26	\$9.21	
71020	99	\$9.21	
71021	TC	\$18.68	
71021	00	\$29.72	
71021	26	\$11.04	
71021	99	\$11.04	
71022	TC	\$22.89	
71022	00	\$35.73	
71022	26	\$12.85	
71022	99	\$12.85	
71023	TC	\$35.54	
71023	00	\$51.68	
71023	26	\$16.14	
71023	99	\$16.14	
71030	TC	\$23.18	
71030	00	\$36.02	
71030	26	\$12.85	
71030	99	\$12.85	
71034	TC	\$50.28	
71034	00	\$70.73	
71034	26	\$20.44	
71034	99	\$20.44	
71035	TC	\$18.83	
71035	00	\$26.51	
71035	26	\$7.69	
71035	99	\$7.69	
71040	TC	\$49.73	
71040	00	\$74.03	
71040	26	\$24.30	
71040	99	\$24.30	
71060	TC	\$76.55	
71060	00	\$107.50	
71060	26	\$30.95	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 162

Proc	Mod	Payment Rate	Facility Rate
71060	99	\$30.95	
71090	TC	\$60.36	
71090	00	\$83.66	
71090	26	\$24.33	
71090	99	\$24.33	
71100	TC	\$16.01	
71100	00	\$25.22	
71100	26	\$9.21	
71100	99	\$9.21	
71101	TC	\$19.38	
71101	00	\$30.43	
71101	26	\$11.04	
71101	99	\$11.04	
71110	TC	\$20.36	
71110	00	\$31.41	
71110	26	\$11.04	
71110	99	\$11.04	
71111	TC	\$26.96	
71111	00	\$40.12	
71111	26	\$13.16	
71111	99	\$13.16	
71120	TC	\$16.86	
71120	00	\$25.16	
71120	26	\$8.31	
71120	99	\$8.31	
71130	TC	\$19.66	
71130	00	\$28.87	
71130	26	\$9.21	
71130	99	\$9.21	
71250	TC	\$147.62	
71250	00	\$196.37	
71250	26	\$48.75	
71250	99	\$48.75	
71260	TC	\$211.95	
71260	00	\$264.03	
71260	26	\$52.08	
71260	99	\$52.08	
71270	TC	\$259.42	
71270	00	\$317.38	
71270	26	\$57.96	
71270	99	\$57.96	
71275	TC	\$269.57	
71275	00	\$350.60	
71275	26	\$81.03	
71275	99	\$81.03	
71550	TC	\$267.05	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 163

Proc	Mod	Payment Rate	Facility Rate
71550	00	\$328.06	
71550	26	\$61.01	
71550	99	\$61.01	
71551	TC	\$327.73	
71551	00	\$399.92	
71551	26	\$72.19	
71551	99	\$72.19	
71552	TC	\$413.28	
71552	00	\$508.65	
71552	26	\$95.37	
71552	99	\$95.37	
71555	TC	\$326.02	
71555	00	\$402.65	
71555	26	\$76.63	
71555	99	\$76.63	
72010	TC	\$35.11	
72010	00	\$53.29	
72010	26	\$18.17	
72010	99	\$18.17	
72020	TC	\$11.80	
72020	00	\$18.28	
72020	26	\$6.48	
72020	99	\$6.48	
72040	TC	\$19.10	
72040	00	\$28.31	
72040	26	\$9.21	
72040	99	\$9.21	
72050	TC	\$27.24	
72050	00	\$40.09	
72050	26	\$12.85	
72050	99	\$12.85	
72052	TC	\$35.11	
72052	00	\$50.21	
72052	26	\$15.09	
72052	99	\$15.09	
72069	TC	\$17.70	
72069	00	\$26.91	
72069	26	\$9.21	
72069	99	\$9.21	
72070	TC	\$16.86	
72070	00	\$26.07	
72070	26	\$9.21	
72070	99	\$9.21	
72072	TC	\$20.36	
72072	00	\$29.58	
72072	26	\$9.21	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 164

Proc	Mod	Payment Rate	Facility Rate
72072	99	\$9.21	
72074	TC	\$25.28	
72074	00	\$34.49	
72074	26	\$9.21	
72074	99	\$9.21	
72080	TC	\$17.97	
72080	00	\$27.18	
72080	26	\$9.21	
72080	99	\$9.21	
72090	TC	\$23.87	
72090	00	\$35.79	
72090	26	\$11.91	
72090	99	\$11.91	
72100	TC	\$20.50	
72100	00	\$29.71	
72100	26	\$9.21	
72100	99	\$9.21	
72110	TC	\$28.65	
72110	00	\$41.50	
72110	26	\$12.85	
72110	99	\$12.85	
72114	TC	\$39.04	
72114	00	\$54.15	
72114	26	\$15.09	
72114	99	\$15.09	
72120	TC	\$27.80	
72120	00	\$37.01	
72120	26	\$9.21	
72120	99	\$9.21	
72125	TC	\$147.62	
72125	00	\$196.37	
72125	26	\$48.75	
72125	99	\$48.75	
72126	TC	\$212.23	
72126	00	\$263.41	
72126	26	\$51.18	
72126	99	\$51.18	
72127	TC	\$259.42	
72127	00	\$312.57	
72127	26	\$53.15	
72127	99	\$53.15	
72128	TC	\$147.62	
72128	00	\$196.37	
72128	26	\$48.75	
72128	99	\$48.75	
72129	TC	\$212.23	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 165

Proc	Mod	Payment Rate	Facility Rate
72129	00	\$263.68	
72129	26	\$51.46	
72129	99	\$51.46	
72130	TC	\$259.42	
72130	00	\$312.85	
72130	26	\$53.43	
72130	99	\$53.43	
72131	TC	\$147.62	
72131	00	\$196.37	
72131	26	\$48.75	
72131	99	\$48.75	
72132	TC	\$211.95	
72132	00	\$263.41	
72132	26	\$51.46	
72132	99	\$51.46	
72133	TC	\$259.42	
72133	00	\$312.85	
72133	26	\$53.43	
72133	99	\$53.43	
72141	TC	\$264.48	
72141	00	\$331.37	
72141	26	\$66.89	
72141	99	\$66.89	
72142	TC	\$325.16	
72142	00	\$405.63	
72142	26	\$80.47	
72142	99	\$80.47	
72146	TC	\$264.19	
72146	00	\$331.37	
72146	26	\$67.17	
72146	99	\$67.17	
72147	TC	\$324.30	
72147	00	\$405.05	
72147	26	\$80.75	
72147	99	\$80.75	
72148	TC	\$264.19	
72148	00	\$326.24	
72148	26	\$62.05	
72148	99	\$62.05	
72149	TC	\$325.16	
72149	00	\$400.02	
72149	26	\$74.86	
72149	99	\$74.86	
72156	TC	\$405.86	
72156	00	\$513.51	
72156	26	\$107.65	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 166

Proc	Mod	Payment Rate	Facility Rate
72156	99	\$107.65	
72157	TC	\$405.00	
72157	00	\$512.93	
72157	26	\$107.93	
72157	99	\$107.93	
72158	TC	\$405.86	
72158	00	\$504.61	
72158	26	\$98.75	
72158	99	\$98.75	
72159	TC	\$425.60	
72159	00	\$500.52	
72159	26	\$74.91	
72159	99	\$74.91	
72170	TC	\$12.93	
72170	00	\$20.02	
72170	26	\$7.10	
72170	99	\$7.10	
72190	TC	\$21.35	
72190	00	\$30.25	
72190	26	\$8.90	
72190	99	\$8.90	
72191	TC	\$269.42	
72191	00	\$345.78	
72191	26	\$76.36	
72191	99	\$76.36	
72192	TC	\$147.47	
72192	00	\$193.49	
72192	26	\$46.02	
72192	99	\$46.02	
72193	TC	\$201.70	
72193	00	\$250.45	
72193	26	\$48.75	
72193	99	\$48.75	
72194	TC	\$259.85	
72194	00	\$311.03	
72194	26	\$51.18	
72194	99	\$51.18	
72195	TC	\$266.62	
72195	00	\$327.63	
72195	26	\$61.01	
72195	99	\$61.01	
72196	TC	\$327.15	
72196	00	\$399.91	
72196	26	\$72.75	
72196	99	\$72.75	
72197	TC	\$410.28	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 167

Proc	Mod	Payment Rate	Facility Rate
72197	00	\$505.09	
72197	26	\$94.81	
72197	99	\$94.81	
72198	TC	\$326.02	
72198	00	\$401.78	
72198	26	\$75.77	
72198	99	\$75.77	
72200	TC	\$15.17	
72200	00	\$22.27	
72200	26	\$7.10	
72200	99	\$7.10	
72202	TC	\$18.82	
72202	00	\$26.81	
72202	26	\$8.00	
72202	99	\$8.00	
72220	TC	\$15.45	
72220	00	\$22.54	
72220	26	\$7.10	
72220	99	\$7.10	
72240	TC	\$83.83	
72240	00	\$121.88	
72240	26	\$38.06	
72240	99	\$38.06	
72255	TC	\$74.42	
72255	00	\$111.63	
72255	26	\$37.21	
72255	99	\$37.21	
72265	TC	\$78.64	
72265	00	\$113.37	
72265	26	\$34.73	
72265	99	\$34.73	
72270	TC	\$121.19	
72270	00	\$177.04	
72270	26	\$55.86	
72270	99	\$55.86	
72275	TC	\$49.97	
72275	00	\$80.00	
72275	26	\$30.03	
72275	99	\$30.03	
72285	TC	\$89.13	
72285	00	\$135.63	
72285	26	\$46.50	
72285	99	\$46.50	
72291	26	\$56.35	
72292	26	\$58.94	
72295	TC	\$86.19	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 168

Proc	Mod	Payment Rate	Facility Rate
72295	00	\$120.06	
72295	26	\$33.88	
72295	99	\$33.88	
73000	TC	\$14.33	
73000	00	\$21.11	
73000	26	\$6.79	
73000	99	\$6.79	
73010	TC	\$14.61	
73010	00	\$21.71	
73010	26	\$7.10	
73010	99	\$7.10	
73020	TC	\$11.80	
73020	00	\$17.99	
73020	26	\$6.19	
73020	99	\$6.19	
73030	TC	\$15.17	
73030	00	\$22.86	
73030	26	\$7.69	
73030	99	\$7.69	
73040	TC	\$59.27	
73040	00	\$81.92	
73040	26	\$22.64	
73040	99	\$22.64	
73050	TC	\$18.82	
73050	00	\$27.41	
73050	26	\$8.59	
73050	99	\$8.59	
73060	TC	\$15.17	
73060	00	\$22.27	
73060	26	\$7.10	
73060	99	\$7.10	
73070	TC	\$14.33	
73070	00	\$20.52	
73070	26	\$6.19	
73070	99	\$6.19	
73080	TC	\$19.10	
73080	00	\$26.20	
73080	26	\$7.10	
73080	99	\$7.10	
73085	TC	\$51.68	
73085	00	\$74.05	
73085	26	\$22.37	
73085	99	\$22.37	
73090	TC	\$14.33	
73090	00	\$20.84	
73090	26	\$6.51	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 169

Proc	Mod	Payment Rate	Facility Rate
73090	99	\$6.51	
73092	TC	\$14.89	
73092	00	\$21.40	
73092	26	\$6.51	
73092	99	\$6.51	
73100	TC	\$14.89	
73100	00	\$21.68	
73100	26	\$6.79	
73100	99	\$6.79	
73110	TC	\$18.83	
73110	00	\$25.92	
73110	26	\$7.10	
73110	99	\$7.10	
73115	TC	\$55.90	
73115	00	\$78.54	
73115	26	\$22.64	
73115	99	\$22.64	
73120	TC	\$14.04	
73120	00	\$20.55	
73120	26	\$6.51	
73120	99	\$6.51	
73130	TC	\$16.57	
73130	00	\$23.68	
73130	26	\$7.10	
73130	99	\$7.10	
73140	TC	\$16.30	
73140	00	\$21.87	
73140	26	\$5.57	
73140	99	\$56.19	
73200	TC	\$148.19	
73200	00	\$193.93	
73200	26	\$45.74	
73200	99	\$45.74	\$42.03
73201	TC	\$201.84	
73201	00	\$250.60	
73201	26	\$48.75	
73201	99	\$48.75	\$44.52
73202	TC	\$260.42	
73202	00	\$311.60	
73202	26	\$51.18	
73202	99	\$51.18	\$46.70
73206	TC	\$269.14	
73206	00	\$346.06	
73206	26	\$76.92	
73206	99	\$76.92	\$70.06
73218	TC	\$267.33	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 170

Proc	Mod	Payment Rate	Facility Rate
73218	00	\$323.52	
73218	26	\$56.19	
73218	99	\$51.81	
73219	TC	\$327.87	
73219	00	\$395.66	
73219	26	\$67.79	
73219	99	\$62.50	
73220	TC	\$411.13	
73220	00	\$501.41	
73220	26	\$90.27	
73220	99	\$90.27	\$82.80
73221	TC	\$267.05	
73221	00	\$323.51	
73221	26	\$56.48	
73221	99	\$56.48	\$51.81
73222	TC	\$327.30	
73222	00	\$395.09	
73222	26	\$67.79	
73222	99	\$67.79	
73223	TC	\$410.71	
73223	00	\$500.70	
73223	26	\$89.99	
73223	99	\$89.99	\$82.51
73225	TC	\$416.20	
73225	00	\$488.10	
73225	26	\$71.90	
73225	99	\$71.90	
73500	TC	\$12.36	
73500	00	\$19.46	
73500	26	\$7.10	
73500	99	\$7.10	\$6.66
73510	TC	\$19.10	
73510	00	\$28.00	
73510	26	\$8.90	
73510	99	\$8.90	\$7.90
73520	TC	\$19.66	
73520	00	\$30.39	
73520	26	\$10.73	
73520	99	\$10.73	\$10.08
73525	TC	\$51.12	
73525	00	\$73.90	
73525	26	\$22.78	
73525	99	\$22.78	\$20.93
73530	TC	\$56.77	
73530	00	\$68.47	
73530	26	\$12.22	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 171

Proc	Mod	Payment Rate	Facility Rate
73530	99	\$12.22	\$11.33
73540	TC	\$19.66	
73540	00	\$27.97	
73540	26	\$8.31	
73540	99	\$8.31	\$7.90
73542	TC	\$37.63	
73542	00	\$60.85	
73542	26	\$23.21	
73542	99	\$21.35	
73550	TC	\$14.60	
73550	00	\$21.70	
73550	26	\$7.10	
73550	99	\$6.66	
73560	TC	\$14.61	
73560	00	\$21.71	
73560	26	\$7.10	
73560	99	\$6.66	
73562	TC	\$18.26	
73562	00	\$25.95	
73562	26	\$7.69	
73562	99	\$6.98	
73564	TC	\$21.07	
73564	00	\$30.28	
73564	26	\$9.21	
73564	99	\$8.22	
73565	TC	\$15.73	
73565	00	\$23.11	
73565	26	\$7.38	
73565	99	\$6.66	
73580	TC	\$69.10	
73580	00	\$91.88	
73580	26	\$22.78	
73580	99	\$20.93	
73590	TC	\$13.77	
73590	00	\$20.86	
73590	26	\$7.10	
73590	99	\$7.10	
73592	TC	\$14.89	
73592	00	\$21.40	
73592	26	\$6.51	
73592	99	\$6.51	
73600	TC	\$14.04	
73600	00	\$20.55	
73600	26	\$6.51	
73600	99	\$6.51	
73610	TC	\$16.57	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 172

Proc	Mod	Payment Rate	Facility Rate
73610	00	\$23.68	
73610	26	\$7.10	
73610	99	\$7.10	
73615	TC	\$53.36	
73615	00	\$75.87	
73615	26	\$22.51	
73615	99	\$22.51	
73620	TC	\$13.48	
73620	00	\$19.99	
73620	26	\$6.51	
73620	99	\$6.51	
73630	TC	\$16.30	
73630	00	\$23.39	
73630	26	\$7.10	
73630	99	\$7.10	
73650	TC	\$13.77	
73650	00	\$20.27	
73650	26	\$6.51	
73650	99	\$6.51	
73660	TC	\$15.45	
73660	00	\$20.74	
73660	26	\$5.30	
73660	99	\$5.30	
73700	TC	\$148.19	
73700	00	\$193.93	
73700	26	\$45.74	
73700	99	\$45.74	
73701	TC	\$203.25	
73701	00	\$252.28	
73701	26	\$49.04	
73701	99	\$49.04	
73702	TC	\$260.42	
73702	00	\$311.88	
73702	26	\$51.46	
73702	99	\$51.46	
73706	TC	\$269.43	
73706	00	\$350.26	
73706	26	\$80.83	
73706	99	\$80.83	
73718	TC	\$267.18	
73718	00	\$323.66	
73718	26	\$56.48	
73718	99	\$56.48	
73719	TC	\$327.58	
73719	00	\$395.38	
73719	26	\$67.79	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 173

Proc	Mod	Payment Rate	Facility Rate
73719	99	\$67.79	
73720	TC	\$411.13	
73720	00	\$501.41	
73720	26	\$90.27	
73720	99	\$90.27	
73721	TC	\$267.05	
73721	00	\$323.51	
73721	26	\$56.48	
73721	99	\$56.48	
73722	TC	\$327.44	
73722	00	\$395.51	
73722	26	\$68.08	
73722	99	\$68.08	
73723	TC	\$410.43	
73723	00	\$500.70	
73723	26	\$90.27	
73723	99	\$90.27	
73725	TC	\$326.16	
73725	00	\$402.82	
73725	26	\$76.67	
73725	99	\$76.67	
74000	TC	\$12.36	
74000	00	\$19.77	
74000	26	\$7.40	
74000	99	\$7.40	
74010	TC	\$19.38	
74010	00	\$28.90	
74010	26	\$9.52	
74010	99	\$9.52	
74020	TC	\$19.66	
74020	00	\$30.99	
74020	26	\$11.33	
74020	99	\$11.33	
74022	TC	\$24.02	
74022	00	\$37.45	
74022	26	\$13.43	
74022	99	\$13.43	
74150	TC	\$147.62	
74150	00	\$197.59	
74150	26	\$49.97	
74150	99	\$49.97	
74160	TC	\$227.26	
74160	00	\$280.98	
74160	26	\$53.71	
74160	99	\$53.71	
74170	TC	\$260.43	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 174

Proc	Mod	Payment Rate	Facility Rate
74170	00	\$319.29	
74170	26	\$58.87	
74170	99	\$58.87	
74175	TC	\$269.70	
74175	00	\$349.98	
74175	26	\$80.27	
74175	99	\$80.27	
74181	TC	\$266.04	
74181	00	\$327.33	
74181	26	\$61.29	
74181	99	\$61.29	
74182	TC	\$327.58	
74182	00	\$400.34	
74182	26	\$72.75	
74182	99	\$72.75	
74183	TC	\$410.28	
74183	00	\$505.09	
74183	26	\$94.81	
74183	99	\$94.81	
74185	TC	\$325.87	
74185	00	\$401.64	
74185	26	\$75.77	
74185	99	\$75.77	
74190	TC	\$138.92	
74190	00	\$158.15	
74190	26	\$20.23	
74190	99	\$20.23	
74210	TC	\$43.54	
74210	00	\$58.92	
74210	26	\$15.38	
74210	99	\$15.38	
74220	TC	\$47.76	
74220	00	\$67.08	
74220	26	\$19.32	
74220	99	\$19.32	
74230	TC	\$46.78	
74230	00	\$69.11	
74230	26	\$22.33	
74230	99	\$22.33	
74235	26	\$51.09	
74235	99	\$51.09	
74240	TC	\$54.22	
74240	00	\$83.34	
74240	26	\$29.12	
74240	99	\$29.12	
74241	TC	\$59.84	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 175

Proc	Mod	Payment Rate	Facility Rate
74241	00	\$88.68	
74241	26	\$28.84	
74241	99	\$28.84	
74245	TC	\$94.26	
74245	00	\$132.59	
74245	26	\$38.33	
74245	99	\$38.33	
74246	TC	\$66.01	
74246	00	\$95.14	
74246	26	\$29.12	
74246	99	\$29.12	
74247	TC	\$67.14	
74247	00	\$96.27	
74247	26	\$29.12	
74247	99	\$29.12	
74249	TC	\$103.66	
74249	00	\$141.99	
74249	26	\$38.33	
74249	99	\$38.33	
74250	TC	\$58.30	
74250	00	\$77.92	
74250	26	\$19.63	
74250	99	\$19.63	
74251	TC	\$110.71	
74251	00	\$139.84	
74251	26	\$29.12	
74251	99	\$29.12	
74260	TC	\$68.14	
74260	00	\$88.98	
74260	26	\$20.85	
74260	99	\$20.85	
74261	00	\$226.26	
74262	00	\$284.57	
74263	00	M	
74270	TC	\$67.29	
74270	00	\$96.41	
74270	26	\$29.12	
74270	99	\$29.12	
74280	TC	\$109.43	
74280	00	\$151.08	
74280	26	\$41.66	
74280	99	\$41.66	
74283	TC	\$66.86	
74283	00	\$151.55	
74283	26	\$84.69	
74283	99	\$84.69	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 176

Proc	Mod	Payment Rate	Facility Rate
74290	TC	\$36.38	
74290	00	\$49.82	
74290	26	\$13.43	
74290	99	\$13.43	
74291	TC	\$34.56	
74291	00	\$42.87	
74291	26	\$8.31	
74291	99	\$8.31	
74300	TC	\$80.74	
74300	00	\$95.14	
74300	26	\$15.09	
74300	99	\$15.09	
74301	26	\$8.90	
74301	99	\$8.90	
74305	TC	\$77.55	
74305	00	\$94.55	
74305	26	\$17.80	
74305	99	\$17.80	
74320	TC	\$65.02	
74320	00	\$87.94	
74320	26	\$22.93	
74320	99	\$22.93	
74327	TC	\$70.93	
74327	00	\$100.65	
74327	26	\$29.71	
74327	99	\$29.71	
74328	TC	\$69.75	
74328	00	\$115.50	
74328	26	\$45.75	
74328	99	\$45.75	
74329	26	\$52.50	
74329	99	\$52.50	
74330	TC	\$69.00	
74330	00	\$123.00	
74330	26	\$54.00	
74330	99	\$54.00	
74340	TC	\$48.75	
74340	00	\$94.50	
74340	26	\$45.75	
74340	99	\$45.75	
74355	TC	\$72.75	
74355	00	\$103.50	
74355	26	\$30.75	
74355	99	\$30.75	
74360	TC	\$66.75	
74360	00	\$108.75	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 177

Proc	Mod	Payment Rate	Facility Rate
74360	26	\$23.49	
74360	99	\$42.00	
74363	26	\$37.40	
74363	99	\$37.40	
74400	TC	\$63.62	
74400	00	\$84.16	
74400	26	\$20.54	
74400	99	\$20.54	
74410	TC	\$67.85	
74410	00	\$88.66	
74410	26	\$20.81	
74410	99	\$20.81	
74415	TC	\$80.91	
74415	00	\$101.44	
74415	26	\$20.54	
74415	99	\$20.54	
74420	TC	\$113.37	
74420	00	\$127.78	
74420	26	\$15.38	
74420	99	\$15.38	
74425	TC	\$113.37	
74425	00	\$127.78	
74425	26	\$15.38	
74425	99	\$15.38	
74430	TC	\$46.64	
74430	00	\$60.21	
74430	26	\$13.57	
74430	99	\$13.57	
74440	TC	\$48.88	
74440	00	\$64.88	
74440	26	\$16.00	
74440	99	\$16.00	
74445	TC	\$114.04	
74445	00	\$160.60	
74445	26	\$48.98	
74445	99	\$48.98	
74450	TC	\$112.70	
74450	00	\$126.15	
74450	26	\$14.16	
74450	99	\$14.16	
74455	TC	\$55.34	
74455	00	\$69.51	
74455	26	\$14.16	
74455	99	\$14.16	
74470	TC	\$24.75	
74470	00	\$100.59	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 178

Proc	Mod	Payment Rate	Facility Rate
74470	26	\$22.93	
74470	99	\$22.93	
74475	TC	\$71.90	
74475	00	\$94.82	
74475	26	\$22.93	
74475	99	\$22.93	
74480	TC	\$72.17	
74480	00	\$95.10	
74480	26	\$22.93	
74480	99	\$22.93	
74485	TC	\$67.83	
74485	00	\$90.89	
74485	26	\$23.07	
74485	99	\$23.07	
74710	TC	\$19.38	
74710	00	\$33.85	
74710	26	\$14.47	
74710	99	\$14.47	
74740	FP	\$57.78	
74740	TC	\$43.96	
74740	00	\$59.96	
74740	26	\$16.00	
74740	99	\$16.00	
74775	TC	\$113.37	
74775	00	\$138.22	
74775	26	\$26.11	
74775	99	\$26.11	
75557	TC	\$260.19	
75557	00	\$362.57	
75557	26	\$102.37	
75559	TC	\$263.91	
75559	00	\$394.72	
75559	26	\$130.82	
75561	TC	\$406.57	
75561	00	\$519.65	
75561	26	\$113.08	
75563	TC	\$409.00	
75563	00	\$544.04	
75563	26	\$135.04	
75565	00	\$56.38	
75571	TC	\$35.06	
75571	00	\$52.96	
75571	26	\$17.90	
75572	TC	\$108.94	
75572	00	\$163.64	
75572	26	\$54.70	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 179

Proc	Mod	Payment Rate	Facility Rate
75573	TC	\$154.28	
75573	00	\$232.67	
75573	26	\$78.39	
75574	TC	\$209.58	
75574	00	\$284.29	
75574	26	\$74.71	
75600	TC	\$221.44	
75600	00	\$243.38	
75600	26	\$21.94	
75600	99	\$21.94	
75605	TC	\$159.62	
75605	00	\$209.16	
75605	26	\$49.54	
75605	99	\$49.54	
75625	TC	\$157.93	
75625	00	\$206.20	
75625	26	\$48.27	
75625	99	\$48.27	
75630	TC	\$163.82	
75630	00	\$240.82	
75630	26	\$77.00	
75630	99	\$77.00	
75635	TC	\$270.13	
75635	00	\$372.79	
75635	26	\$102.66	
75635	99	\$102.66	
75650	TC	\$158.77	
75650	00	\$222.26	
75650	26	\$63.49	
75650	99	\$63.49	
75658	TC	\$164.67	
75658	00	\$219.21	
75658	26	\$54.52	
75658	99	\$54.52	
75660	TC	\$167.49	
75660	00	\$223.28	
75660	26	\$55.80	
75660	99	\$55.80	
75662	TC	\$185.75	
75662	00	\$257.46	
75662	26	\$71.71	
75662	99	\$71.71	
75665	TC	\$173.11	
75665	00	\$229.04	
75665	26	\$55.93	
75665	99	\$55.93	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 180

Proc	Mod	Payment Rate	Facility Rate
75671	TC	\$189.97	
75671	00	\$260.69	
75671	26	\$70.73	
75671	99	\$70.73	
75676	TC	\$167.77	
75676	00	\$223.42	
75676	26	\$55.65	
75676	99	\$55.65	
75680	TC	\$179.28	
75680	00	\$250.29	
75680	26	\$71.00	
75680	99	\$71.00	
75685	TC	\$168.04	
75685	00	\$223.84	
75685	26	\$55.80	
75685	99	\$55.80	
75705	TC	\$166.93	
75705	00	\$259.94	
75705	26	\$93.02	
75705	99	\$93.02	
75710	TC	\$169.73	
75710	00	\$218.15	
75710	26	\$48.41	
75710	99	\$48.41	
75716	TC	\$188.28	
75716	00	\$243.93	
75716	26	\$55.65	
75716	99	\$55.65	
75722	TC	\$166.36	
75722	00	\$215.62	
75722	26	\$49.26	
75722	99	\$49.26	
75724	TC	\$185.47	
75724	00	\$252.33	
75724	26	\$66.86	
75724	99	\$66.86	
75726	TC	\$167.49	
75726	00	\$215.90	
75726	26	\$48.42	
75726	99	\$48.42	
75731	TC	\$172.54	
75731	00	\$223.34	
75731	26	\$50.80	
75731	99	\$50.80	
75733	TC	\$194.46	
75733	00	\$253.63	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 181

Proc	Mod	Payment Rate	Facility Rate
75733	26	\$59.17	
75733	99	\$59.17	
75736	TC	\$168.89	
75736	00	\$217.73	
75736	26	\$48.84	
75736	99	\$48.84	
75741	TC	\$153.72	
75741	00	\$209.51	
75741	26	\$55.80	
75741	99	\$55.80	
75743	TC	\$159.33	
75743	00	\$230.34	
75743	26	\$71.00	
75743	99	\$71.00	
75746	TC	\$162.99	
75746	00	\$211.12	
75746	26	\$48.13	
75746	99	\$48.13	
75756	TC	\$172.83	
75756	00	\$224.19	
75756	26	\$51.37	
75756	99	\$51.37	
75774	TC	\$146.41	
75774	00	\$161.78	
75774	26	\$15.38	
75774	99	\$15.38	
75791	00	\$178.72	
75801	TC	\$139.92	
75801	00	\$172.83	
75801	26	\$33.26	
75801	99	\$33.26	
75803	TC	\$139.92	
75803	00	\$185.99	
75803	26	\$49.63	
75803	99	\$49.63	
75805	TC	\$139.92	
75805	00	\$172.44	
75805	26	\$34.53	
75805	99	\$34.53	
75807	26	\$49.63	
75807	99	\$49.63	
75809	TC	\$47.90	
75809	00	\$67.54	
75809	26	\$19.63	
75809	99	\$19.63	
75810	TC	\$449.80	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 182

Proc	Mod	Payment Rate	Facility Rate
75810	00	\$495.21	
75810	26	\$48.69	
75810	99	\$48.69	
75820	TC	\$62.93	
75820	00	\$92.93	
75820	26	\$30.00	
75820	99	\$30.00	
75822	TC	\$69.68	
75822	00	\$114.21	
75822	26	\$44.53	
75822	99	\$44.53	
75825	TC	\$150.90	
75825	00	\$198.75	
75825	26	\$47.85	
75825	99	\$47.85	
75827	TC	\$151.46	
75827	00	\$198.48	
75827	26	\$47.01	
75827	99	\$47.01	
75831	TC	\$153.16	
75831	00	\$201.15	
75831	26	\$48.00	
75831	99	\$48.00	
75833	TC	\$163.27	
75833	00	\$225.35	
75833	26	\$62.07	
75833	99	\$62.07	
75840	TC	\$152.03	
75840	00	\$199.31	
75840	26	\$47.29	
75840	99	\$47.29	
75842	TC	\$163.83	
75842	00	\$226.76	
75842	26	\$62.92	
75842	99	\$62.92	
75860	TC	\$156.24	
75860	00	\$205.37	
75860	26	\$49.12	
75860	99	\$49.12	
75870	TC	\$155.69	
75870	00	\$203.54	
75870	26	\$47.85	
75870	99	\$47.85	
75872	TC	\$171.70	
75872	00	\$221.64	
75872	26	\$49.94	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 183

Proc	Mod	Payment Rate	Facility Rate
75872	99	\$49.94	
75880	TC	\$64.90	
75880	00	\$93.77	
75880	26	\$28.87	
75880	99	\$28.87	
75885	TC	\$153.72	
75885	00	\$214.95	
75885	26	\$61.23	
75885	99	\$61.23	
75887	TC	\$155.40	
75887	00	\$216.63	
75887	26	\$61.23	
75887	99	\$61.23	
75889	TC	\$153.43	
75889	00	\$201.85	
75889	26	\$48.42	
75889	99	\$48.42	
75891	TC	\$153.43	
75891	00	\$201.85	
75891	26	\$48.42	
75891	99	\$48.42	
75893	TC	\$153.16	
75893	00	\$175.80	
75893	26	\$22.64	
75893	99	\$22.64	
75894	TC	\$355.00	
75894	00	\$407.54	
75894	26	\$55.51	
75894	99	\$55.51	
75896	TC	\$355.00	
75896	00	\$408.35	
75896	26	\$55.93	
75896	99	\$55.93	
75898	TC	\$71.70	
75898	00	\$137.88	
75898	26	\$70.42	
75898	99	\$70.42	
75900	26	\$47.25	
75900	99	\$47.25	
75901	TC	\$104.21	
75901	00	\$124.75	
75901	26	\$20.54	
75901	99	\$20.54	
75902	TC	\$51.95	
75902	00	\$68.26	
75902	26	\$16.31	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 184

Proc	Mod	Payment Rate	Facility Rate
75902	99	\$16.31	
75940	TC	\$368.74	
75940	00	\$390.81	
75940	26	\$22.64	
75940	99	\$22.64	
75945	26	\$17.17	
75946	26	\$16.75	
75946	99	\$16.75	
75952	26	\$232.50	
75953	26	\$82.50	
75954	26	\$91.81	
75954	99	\$91.81	
75957	26	\$248.22	
75958	26	\$164.03	
75959	26	\$144.18	
75960	TC	\$164.37	
75960	00	\$199.49	
75960	26	\$35.12	
75960	99	\$35.12	
75961	TC	\$147.56	
75961	00	\$326.24	
75961	26	\$178.68	
75961	99	\$178.68	
75962	TC	\$189.65	
75962	00	\$212.43	
75962	26	\$22.78	
75962	99	\$22.78	
75964	TC	\$110.48	
75964	00	\$125.72	
75964	26	\$15.23	
75964	99	\$15.23	
75966	TC	\$194.99	
75966	00	\$251.90	
75966	26	\$56.91	
75966	99	\$56.91	
75968	TC	\$110.48	
75968	00	\$126.14	
75968	26	\$15.66	
75968	99	\$15.66	
75970	TC	\$262.53	
75970	00	\$296.17	
75970	26	\$35.29	
75970	99	\$35.29	
75978	00	\$208.92	
75978	26	\$22.37	
75978	99	\$22.37	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 185

Proc	Mod	Payment Rate	Facility Rate
75980	TC	\$152.88	
75980	00	\$210.32	
75980	26	\$60.95	
75980	99	\$60.95	
75982	26	\$60.95	
75982	99	\$60.95	
75984	TC	\$58.29	
75984	00	\$88.91	
75984	26	\$30.62	
75984	99	\$30.62	
75989	TC	\$62.49	
75989	00	\$112.74	
75989	26	\$50.25	
75989	99	\$50.25	
75992	TC	\$291.36	
75992	00	\$313.89	
75992	26	\$23.35	
75992	99	\$23.35	
75993	26	\$15.00	
75993	99	\$15.00	
75994	26	\$53.25	
75994	99	\$53.25	
75995	26	\$52.50	
75995	99	\$52.50	
75996	26	\$14.25	
75996	99	\$14.25	
76000	TC	\$63.92	
76000	00	\$71.01	
76000	26	\$7.10	
76000	99	\$7.10	
76001	00	\$99.75	
76001	26	\$50.25	
76001	99	\$50.25	
76010	TC	\$14.04	
76010	00	\$21.73	
76010	26	\$7.69	
76010	99	\$7.69	
76080	TC	\$26.96	
76080	00	\$49.89	
76080	26	\$22.93	
76080	99	\$22.93	
76098	TC	\$8.70	
76098	00	\$15.50	
76098	26	\$6.79	
76098	99	\$6.79	
76100	TC	\$57.17	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 186

Proc	Mod	Payment Rate	Facility Rate
76100	00	\$81.49	
76100	26	\$24.30	
76100	99	\$24.30	
76101	TC	\$119.41	
76101	00	\$143.44	
76101	26	\$24.03	
76101	99	\$24.03	
76102	TC	\$153.97	
76102	00	\$177.72	
76102	26	\$23.74	
76102	99	\$23.74	
76120	TC	\$42.70	
76120	00	\$58.42	
76120	26	\$15.71	
76120	99	\$15.71	
76125	TC	\$33.54	
76125	00	\$44.28	
76125	26	\$11.89	
76125	99	\$11.89	
76150	00	\$13.50	
76350	00	\$165.00	
76376	TC	\$52.81	
76376	00	\$61.54	
76376	26	\$8.73	
76377	TC	\$51.78	
76377	00	\$85.54	
76377	26	\$33.76	
76380	TC	\$80.07	
76380	00	\$121.13	
76380	26	\$41.07	
76380	99	\$41.07	
76496	00	M	
76497	TC	M	
76497	00	M	
76497	26	M	
76498	00	M	
76499	TC	M	
76499	00	M	
76499	26	M	
76499	99	M	
76506	TC	\$47.76	
76506	00	\$74.60	
76506	26	\$26.83	
76506	99	\$26.83	
76510	TC	\$51.55	
76510	00	\$117.75	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 187

Proc	Mod	Payment Rate	Facility Rate
76510	26	\$66.19	
76510	99	\$66.19	
76511	TC	\$36.38	
76511	00	\$76.34	
76511	26	\$39.97	
76511	99	\$39.97	
76512	TC	\$31.45	
76512	00	\$71.56	
76512	26	\$40.11	
76512	99	\$40.11	
76513	TC	\$37.92	
76513	00	\$65.41	
76513	26	\$27.49	
76513	99	\$27.49	
76514	TC	\$2.67	
76514	00	\$10.04	
76514	26	\$7.38	
76516	TC	\$29.64	
76516	00	\$52.42	
76516	26	\$22.79	
76516	99	\$22.79	
76519	TC	\$33.01	
76519	00	\$56.07	
76519	26	\$23.07	
76519	99	\$23.07	
76529	TC	\$28.93	
76529	00	\$53.06	
76529	26	\$24.14	
76529	99	\$24.14	
76536	TC	\$62.65	
76536	00	\$85.64	
76536	26	\$22.99	
76536	99	\$22.99	
76604	TC	\$44.25	
76604	00	\$67.20	
76604	26	\$22.95	
76604	99	\$22.95	
76645	TC	\$47.76	
76645	00	\$70.41	
76645	26	\$22.64	
76645	99	\$22.64	
76700	TC	\$72.33	
76700	00	\$106.17	
76700	26	\$33.82	
76700	99	\$33.82	
76705	TC	\$55.62	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 188

Proc	Mod	Payment Rate	Facility Rate
76705	00	\$80.52	
76705	26	\$24.90	
76705	99	\$24.90	
76770	TC	\$70.65	
76770	00	\$101.61	
76770	26	\$30.95	
76770	99	\$30.95	
76775	TC	\$61.81	
76775	00	\$86.67	
76775	26	\$24.87	
76775	99	\$24.87	
76776	TC	\$81.05	
76776	00	\$112.91	
76776	26	\$31.85	
76800	TC	\$51.97	
76800	00	\$96.71	
76800	26	\$44.74	
76800	99	\$44.74	
76801	TC	\$61.23	
76801	00	\$102.33	
76801	26	\$41.10	
76801	99	\$41.10	
76802	TC	\$23.86	
76802	00	\$58.02	
76802	26	\$34.17	
76802	99	\$34.17	
76805	TC	\$73.04	
76805	00	\$113.86	
76805	26	\$40.82	
76805	99	\$40.82	
76810	TC	\$38.17	
76810	00	\$78.40	
76810	26	\$40.22	
76810	99	\$40.22	
76811	TC	\$82.39	
76811	00	\$159.70	
76811	26	\$77.32	
76811	99	\$77.32	
76812	TC	\$45.48	
76812	00	\$117.81	
76812	26	\$72.33	
76812	99	\$72.33	
76813	TC	\$52.80	
76813	00	\$100.21	
76813	26	\$47.41	
76814	TC	\$25.54	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 189

Proc	Mod	Payment Rate	Facility Rate
76814	00	\$65.37	
76814	26	\$39.83	
76815	TC	\$44.10	
76815	00	\$70.86	
76815	26	\$26.75	
76815	99	\$26.75	
76816	TC	\$47.90	
76816	00	\$82.69	
76816	26	\$34.79	
76816	99	\$34.79	
76817	TC	\$47.76	
76817	00	\$78.47	
76817	26	\$30.70	
76817	99	\$30.70	
76818	TC	\$51.97	
76818	00	\$94.78	
76818	26	\$42.81	
76818	99	\$42.81	
76819	TC	\$41.57	
76819	00	\$73.18	
76819	26	\$31.61	
76819	99	\$31.61	
76820	TC	\$21.61	
76820	00	\$42.03	
76820	26	\$20.42	
76820	99	\$20.42	
76821	TC	\$47.19	
76821	00	\$75.77	
76821	26	\$28.59	
76821	99	\$28.59	
76825	TC	\$95.38	
76825	00	\$163.61	
76825	26	\$68.22	
76825	99	\$68.22	
76826	TC	\$56.61	
76826	00	\$90.08	
76826	26	\$33.46	
76826	99	\$33.46	
76827	TC	\$32.29	
76827	00	\$55.90	
76827	26	\$23.61	
76827	99	\$23.61	
76828	TC	\$18.81	
76828	00	\$41.65	
76828	26	\$22.84	
76828	99	\$22.84	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 190

Proc	Mod	Payment Rate	Facility Rate
76830	FP	\$93.17	
76830	TC	\$64.61	
76830	00	\$93.17	
76830	26	\$28.56	
76830	99	\$28.56	
76831	TC	\$64.05	
76831	00	\$93.26	
76831	26	\$29.21	
76831	99	\$29.21	
76856	FP	\$93.74	
76856	TC	\$64.90	
76856	00	\$93.73	
76856	26	\$28.84	
76856	99	\$28.84	
76857	FP	\$64.47	
76857	TC	\$48.19	
76857	00	\$64.47	
76857	26	\$16.28	
76857	99	\$16.28	
76870	TC	\$65.74	
76870	00	\$92.74	
76870	26	\$27.01	
76870	99	\$27.01	
76872	TC	\$74.87	
76872	00	\$104.70	
76872	26	\$29.82	
76872	99	\$29.82	
76873	TC	\$73.87	
76873	00	\$138.93	
76873	26	\$65.06	
76873	99	\$65.06	
76880	TC	\$73.05	
76880	00	\$97.10	
76880	26	\$24.05	
76880	99	\$24.05	
76885	TC	\$47.76	
76885	00	\$78.72	
76885	26	\$30.95	
76885	99	\$30.95	
76886	TC	\$47.62	
76886	00	\$73.16	
76886	26	\$25.55	
76886	99	\$25.55	
76930	TC	\$46.63	
76930	00	\$76.68	
76930	26	\$30.05	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 191

Proc	Mod	Payment Rate	Facility Rate
76930	99	\$30.05	
76932	TC	\$97.44	
76932	00	\$12.58	
76932	26	\$30.05	
76932	99	\$30.05	
76936	TC	\$71.48	
76936	00	\$155.52	
76936	26	\$84.04	
76936	99	\$84.04	
76937	TC	\$14.87	
76937	00	\$27.68	
76937	26	\$12.81	
76940	TC	\$55.84	
76940	00	\$137.38	
76940	26	\$85.72	
76941	TC	\$55.13	
76941	00	\$109.72	
76941	26	\$54.89	
76941	99	\$54.89	
76942	TC	\$115.20	
76942	00	\$143.41	
76942	26	\$28.23	
76942	99	\$28.23	
76945	TC	\$49.26	
76945	00	\$76.03	
76945	26	\$27.38	
76945	99	\$27.38	
76946	TC	\$19.08	
76946	00	\$34.52	
76946	26	\$15.44	
76946	99	\$15.44	
76950	TC	\$31.32	
76950	00	\$55.34	
76950	26	\$24.03	
76950	99	\$24.03	
76965	TC	\$57.69	
76965	00	\$114.69	
76965	26	\$57.00	
76965	99	\$57.00	
76970	TC	\$47.76	
76970	00	\$63.81	
76970	26	\$16.06	
76970	99	\$16.06	
76975	TC	\$73.72	
76975	00	\$106.70	
76975	26	\$34.39	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 192

Proc	Mod	Payment Rate	Facility Rate
76975	99	\$34.39	
76977	TC	\$8.28	
76977	00	\$10.53	
76977	26	\$2.25	
76977	99	\$2.25	
76998	26	\$49.97	
76999	TC	M	
76999	00	M	
76999	26	M	
76999	99	M	
77001	TC	\$64.61	
77001	00	\$80.47	
77001	26	\$15.86	
77002	TC	\$33.28	
77002	00	\$55.37	
77002	26	\$22.08	
77003	TC	\$23.17	
77003	00	\$46.41	
77003	26	\$23.24	
77011	TC	\$472.29	
77011	00	\$522.60	
77011	26	\$50.31	
77012	TC	\$103.89	
77012	00	\$152.93	
77012	26	\$49.04	
77013	26	\$168.96	
77014	TC	\$108.72	
77014	00	\$143.78	
77014	26	\$35.07	
77021	TC	\$280.76	
77021	00	\$344.27	
77021	26	\$63.51	
77022	26	\$176.70	
77031	TC	\$83.24	
77031	00	\$149.82	
77031	26	\$66.58	
77032	TC	\$23.45	
77032	00	\$47.00	
77032	26	\$23.55	
77051	TC	\$6.88	
77051	00	\$9.44	
77051	26	\$2.56	
77052	TC	\$6.88	
77052	00	\$9.44	
77052	26	\$2.56	
77053	TC	\$43.52	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 193

Proc	Mod	Payment Rate	Facility Rate
77053	00	\$58.63	
77053	26	\$15.09	
77054	TC	\$59.96	
77054	00	\$78.97	
77054	26	\$19.01	
77055	TC	\$37.36	
77055	00	\$66.80	
77055	26	\$29.44	
77056	TC	\$48.18	
77056	00	\$84.71	
77056	26	\$36.53	
77057	TC	\$34.69	
77057	00	\$64.12	
77057	26	\$29.44	
77058	TC	\$576.72	
77058	00	\$645.11	
77058	26	\$68.39	
77059	TC	\$622.74	
77059	00	\$691.13	
77059	26	\$68.39	
77071	00	\$30.97	
77072	TC	\$10.40	
77072	00	\$18.40	
77072	26	\$8.00	
77073	TC	\$17.84	
77073	00	\$29.15	
77073	26	\$11.33	
77074	TC	\$34.55	
77074	00	\$53.56	
77074	26	\$19.01	
77075	TC	\$54.78	
77075	00	\$77.43	
77075	26	\$22.64	
77076	TC	\$44.53	
77076	00	\$72.84	
77076	26	\$28.31	
77077	TC	\$19.94	
77077	00	\$32.92	
77077	26	\$12.99	
77078	TC	\$54.92	
77078	00	\$65.34	
77078	26	\$10.42	
77079	TC	\$35.82	
77079	00	\$44.47	
77079	26	\$8.65	
77080	TC	\$45.63	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 194

Proc	Mod	Payment Rate	Facility Rate
77080	00	\$53.94	
77080	26	\$8.31	
77081	TC	\$14.47	
77081	00	\$23.39	
77081	26	\$8.93	
77082	TC	\$15.58	
77082	00	\$22.40	
77082	26	\$6.82	
77084	TC	\$265.33	
77084	00	\$332.79	
77084	26	\$67.46	
77261	00	\$58.41	
77262	00	\$87.76	
77263	00	\$130.24	
77280	TC	\$113.49	
77280	00	\$142.50	
77280	26	\$29.01	
77280	99	\$29.01	
77285	TC	\$201.99	
77285	00	\$245.36	
77285	26	\$43.38	
77285	99	\$43.38	
77290	TC	\$317.05	
77290	00	\$381.44	
77290	26	\$64.39	
77290	99	\$64.39	
77295	TC	\$339.42	
77295	00	\$527.61	
77295	26	\$188.18	
77295	99	\$188.18	
77299	TC	M	
77299	00	M	
77299	26	M	
77299	99	M	
77300	TC	\$30.48	
77300	00	\$56.02	
77300	26	\$25.55	
77300	99	\$25.55	
77301	TC	\$1,347.16	
77301	00	\$1,676.95	
77301	26	\$329.80	
77301	99	\$329.80	
77305	TC	\$28.50	
77305	00	\$57.51	
77305	26	\$29.01	
77305	99	\$29.01	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 195

Proc	Mod	Payment Rate	Facility Rate
77310	TC	\$36.93	
77310	00	\$80.30	
77310	26	\$43.38	
77310	99	\$43.38	
77315	TC	\$53.08	
77315	00	\$117.47	
77315	26	\$64.39	
77315	99	\$64.39	
77321	TC	\$56.02	
77321	00	\$95.17	
77321	26	\$39.15	
77321	99	\$39.15	
77326	TC	\$73.18	
77326	00	\$111.42	
77326	26	\$38.25	
77326	99	\$38.25	
77327	TC	\$101.69	
77327	00	\$158.98	
77327	26	\$57.29	
77327	99	\$57.29	
77328	TC	\$131.88	
77328	00	\$218.18	
77328	26	\$86.30	
77328	99	\$86.30	
77331	TC	\$14.33	
77331	00	\$50.29	
77331	26	\$35.97	
77331	99	\$35.97	
77332	TC	\$38.62	
77332	00	\$60.85	
77332	26	\$22.22	
77332	99	\$22.22	
77333	TC	\$19.79	
77333	00	\$54.54	
77333	26	\$34.76	
77333	99	\$34.76	
77334	TC	\$72.89	
77334	00	\$123.98	
77334	26	\$51.09	
77334	99	\$51.09	
77336	00	\$46.61	
77338	00	\$298.19	
77370	00	\$89.33	
77371	00	\$962.25	
77372	00	\$628.46	
77373	00	\$1,164.65	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 196

Proc	Mod	Payment Rate	Facility Rate
77399	TC	M	
77399	00	M	
77399	26	M	
77399	99	M	
77401	00	\$23.72	
77402	00	\$104.09	
77403	00	\$91.44	
77404	00	\$100.72	
77406	00	\$101.57	
77407	00	\$163.53	
77408	00	\$122.78	
77409	00	\$135.42	
77411	00	\$134.58	
77412	00	\$158.33	
77413	00	\$159.45	
77414	00	\$177.15	
77416	00	\$177.99	
77417	00	\$12.07	
77418	00	\$400.85	
77421	TC	\$71.64	
77421	00	\$87.67	
77421	26	\$16.03	
77427	00	\$155.05	
77431	00	\$79.03	
77432	00	\$329.45	
77435	00	\$546.25	
77470	TC	\$112.14	
77470	00	\$198.44	
77470	26	\$86.30	
77470	99	\$86.30	
77499	TC	M	
77499	00	M	
77499	26	M	
77499	99	M	
77600	TC	\$223.94	
77600	00	\$288.32	
77600	26	\$64.39	
77600	99	\$64.39	
77605	TC	\$430.19	
77605	00	\$514.09	
77605	26	\$83.90	
77605	99	\$83.90	
77610	TC	\$417.27	
77610	00	\$479.97	
77610	26	\$62.70	
77610	99	\$62.70	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 197

Proc	Mod	Payment Rate	Facility Rate
77615	TC	\$592.62	
77615	00	\$678.63	
77615	26	\$86.02	
77615	99	\$86.02	
77620	TC	\$237.15	
77620	00	\$301.22	
77620	26	\$64.08	
77620	99	\$64.08	
77750	TC	\$70.10	
77750	00	\$274.00	
77750	26	\$203.90	
77750	99	\$203.90	
77761	TC	\$123.62	
77761	00	\$280.14	
77761	26	\$156.52	
77761	99	\$156.52	
77762	TC	\$146.79	
77762	00	\$383.33	
77762	26	\$236.54	
77762	99	\$236.54	
77763	TC	\$188.93	
77763	00	\$543.97	
77763	26	\$355.03	
77763	99	\$355.03	
77776	TC	\$133.59	
77776	00	\$328.37	
77776	26	\$194.77	
77776	99	\$194.77	
77777	TC	\$147.77	
77777	00	\$460.51	
77777	26	\$312.75	
77777	99	\$312.75	
77778	TC	\$196.51	
77778	00	\$660.63	
77778	26	\$464.12	
77778	99	\$464.12	
77785	00	\$146.29	
77786	TC	\$305.27	
77786	00	\$437.65	
77786	26	\$132.38	
77787	TC	\$447.29	
77787	00	\$650.47	
77787	26	\$203.18	
77789	TC	\$36.25	
77789	00	\$83.39	
77789	26	\$47.15	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 198

Proc	Mod	Payment Facility	
		Rate	Rate
77789	99	\$47.15	
77790	TC	\$26.69	
77790	00	\$70.07	
77790	26	\$43.38	
77790	99	\$43.38	
77799	TC	M	
77799	00	M	
77799	26	M	
77799	99	M	
78000	TC	\$44.95	
78000	00	\$52.95	
78000	26	\$8.00	
78000	99	\$8.00	
78001	TC	\$56.33	
78001	00	\$67.34	
78001	26	\$11.02	
78001	99	\$11.02	
78003	TC	\$45.23	
78003	00	\$58.98	
78003	26	\$13.74	
78003	99	\$13.74	
78006	TC	\$145.12	
78006	00	\$165.65	
78006	26	\$20.54	
78006	99	\$20.54	
78007	TC	\$80.06	
78007	00	\$101.19	
78007	26	\$21.12	
78007	99	\$21.12	
78010	TC	\$99.04	
78010	00	\$115.34	
78010	26	\$16.31	
78010	99	\$16.31	
78011	TC	\$104.52	
78011	00	\$123.52	
78011	26	\$19.01	
78011	99	\$19.01	
78015	TC	\$128.11	
78015	00	\$156.34	
78015	26	\$28.23	
78015	99	\$28.23	
78016	TC	\$202.57	
78016	00	\$237.14	
78016	26	\$34.56	
78016	99	\$34.56	
78018	TC	\$202.41	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 199

Proc	Mod	Payment Rate	Facility Rate
78018	00	\$238.63	
78018	26	\$36.22	
78018	99	\$36.22	
78020	00	\$70.28	
78070	TC	\$98.47	
78070	00	\$133.17	
78070	26	\$34.70	
78070	99	\$34.70	
78075	TC	\$278.56	
78075	00	\$309.80	
78075	26	\$31.24	
78075	99	\$31.24	
78099	TC	M	
78099	00	M	
78099	26	M	
78099	99	M	
78102	TC	\$99.73	
78102	00	\$122.97	
78102	26	\$23.24	
78102	99	\$23.24	
78103	TC	\$133.58	
78103	00	\$165.13	
78103	26	\$31.54	
78103	99	\$31.54	
78104	TC	\$155.08	
78104	00	\$189.01	
78104	26	\$33.94	
78104	99	\$33.94	
78110	TC	\$50.57	
78110	00	\$58.57	
78110	26	\$8.00	
78110	99	\$8.00	
78111	TC	\$64.89	
78111	00	\$74.37	
78111	26	\$9.49	
78111	99	\$9.49	
78120	TC	\$56.61	
78120	00	\$66.40	
78120	26	\$9.80	
78120	99	\$9.80	
78121	TC	\$67.13	
78121	00	\$80.56	
78121	26	\$13.43	
78121	99	\$13.43	
78122	TC	\$80.60	
78122	00	\$99.61	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 200

Proc	Mod	Payment Rate	Facility Rate
78122	26	\$19.01	
78122	99	\$19.01	
78130	TC	\$91.58	
78130	00	\$117.38	
78130	26	\$25.80	
78130	99	\$25.80	
78135	TC	\$216.47	
78135	00	\$243.48	
78135	26	\$27.01	
78135	99	\$27.01	
78140	TC	\$87.49	
78140	00	\$113.29	
78140	26	\$25.80	
78140	99	\$25.80	
78185	TC	\$125.16	
78185	00	\$142.06	
78185	26	\$16.90	
78185	99	\$16.90	
78190	TC	\$126.14	
78190	00	\$171.46	
78190	26	\$45.31	
78190	99	\$45.31	
78191	TC	\$125.40	
78191	00	\$150.91	
78191	26	\$25.52	
78191	99	\$25.52	
78195	TC	\$201.44	
78195	00	\$252.13	
78195	26	\$50.70	
78195	99	\$50.70	
78201	TC	\$113.08	
78201	00	\$131.22	
78201	26	\$18.14	
78201	99	\$18.14	
78202	TC	\$130.36	
78202	00	\$151.51	
78202	26	\$21.16	
78202	99	\$21.16	
78205	TC	\$150.70	
78205	00	\$180.72	
78205	26	\$30.02	
78205	99	\$30.02	
78206	TC	\$212.85	
78206	00	\$253.30	
78206	26	\$40.45	
78206	99	\$40.45	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 201

Proc	Mod	Payment Rate	Facility Rate
78215	TC	\$119.69	
78215	00	\$140.21	
78215	26	\$20.54	
78215	99	\$20.54	
78216	TC	\$82.30	
78216	00	\$106.16	
78216	26	\$23.86	
78216	99	\$23.86	
78220	TC	\$89.74	
78220	00	\$110.28	
78220	26	\$20.54	
78220	99	\$20.54	
78223	TC	\$199.62	
78223	00	\$234.94	
78223	26	\$35.32	
78223	99	\$35.32	
78230	TC	\$100.71	
78230	00	\$119.45	
78230	26	\$18.73	
78230	99	\$18.73	
78231	TC	\$80.20	
78231	00	\$101.94	
78231	26	\$21.74	
78231	99	\$21.74	
78232	TC	\$83.70	
78232	00	\$103.61	
78232	26	\$19.91	
78232	99	\$19.91	
78258	TC	\$135.42	
78258	00	\$166.93	
78258	26	\$31.52	
78258	99	\$31.52	
78261	TC	\$154.51	
78261	00	\$183.64	
78261	26	\$29.12	
78261	99	\$29.12	
78262	TC	\$152.82	
78262	00	\$181.07	
78262	26	\$28.25	
78262	99	\$28.25	
78264	TC	\$175.87	
78264	00	\$208.63	
78264	26	\$32.76	
78264	99	\$32.76	
78267	TC	M	
78267	00	\$9.87	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 202

Proc	Mod	Payment Rate	Facility Rate
78267	99	M	
78268	TC	M	
78268	00	\$54.52	
78268	26	M	
78268	99	M	
78270	TC	\$51.97	
78270	00	\$60.28	
78270	26	\$8.31	
78270	99	\$8.31	
78271	TC	\$52.81	
78271	00	\$60.84	
78271	26	\$8.02	
78271	99	\$8.02	
78272	TC	\$58.28	
78272	00	\$69.04	
78272	26	\$10.76	
78272	99	\$10.76	
78278	TC	\$186.27	
78278	00	\$227.93	
78278	26	\$41.66	
78278	99	\$41.66	
78282	TC	\$149.00	
78282	00	\$162.03	
78282	26	\$16.00	
78282	99	\$16.00	
78290	TC	\$187.27	
78290	00	\$216.08	
78290	26	\$28.81	
78290	99	\$23.81	
78291	TC	\$146.66	
78291	00	\$183.78	
78291	26	\$37.13	
78291	99	\$37.13	
78299	TC	M	
78299	00	M	
78299	26	M	
78299	99	M	
78300	TC	\$102.82	
78300	00	\$128.93	
78300	26	\$26.11	
78300	99	\$26.11	
78305	TC	\$136.67	
78305	00	\$171.40	
78305	26	\$34.73	
78305	99	\$34.73	
78306	TC	\$153.39	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 203

Proc	Mod	Payment Rate	Facility Rate
78306	00	\$189.60	
78306	26	\$36.22	
78306	99	\$36.22	
78315	TC	\$188.37	
78315	00	\$231.25	
78315	26	\$42.87	
78315	99	\$42.87	
78320	TC	\$150.70	
78320	00	\$194.47	
78320	26	\$43.77	
78320	99	\$43.77	
78350	TC	\$16.99	
78350	00	\$25.92	
78350	26	\$8.93	
78350	99	\$8.93	
78399	TC	M	
78399	00	M	
78399	26	M	
78399	99	M	
78414	TC	\$43.92	
78414	00	\$59.68	
78414	26	\$17.89	
78414	99	\$17.95	
78428	TC	\$115.89	
78428	00	\$150.05	
78428	26	\$34.16	
78428	99	\$34.16	
78445	TC	\$104.94	
78445	00	\$125.47	
78445	26	\$20.54	
78445	99	\$20.54	
78451	TC	\$95.23	
78451	00	\$138.02	
78451	26	\$42.79	
78452	TC	\$184.14	
78452	00	\$234.75	
78452	26	\$50.61	
78453	TC	\$88.81	
78453	00	\$119.80	
78453	26	\$30.99	
78454	TC	\$74.66	
78454	00	\$115.83	
78454	26	\$41.19	
78456	TC	\$142.85	
78456	00	\$187.35	
78456	26	\$44.50	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 204

Proc	Mod	Payment Rate	Facility Rate
78456	99	\$44.50	
78457	TC	\$112.38	
78457	00	\$144.54	
78457	26	\$32.16	
78457	99	\$32.16	
78458	TC	\$121.22	
78458	00	\$159.24	
78458	26	\$38.02	
78458	99	\$38.02	
78466	TC	\$107.88	
78466	00	\$137.85	
78466	26	\$29.96	
78466	99	\$29.96	
78468	TC	\$138.08	
78468	00	\$173.70	
78468	26	\$35.63	
78468	99	\$35.63	
78469	TC	\$157.03	
78469	00	\$197.22	
78469	26	\$40.19	
78469	99	\$40.19	
78472	TC	\$158.15	
78472	00	\$200.62	
78472	26	\$42.48	
78472	99	\$42.48	
78473	TC	\$209.83	
78473	00	\$274.52	
78473	26	\$64.69	
78473	99	\$64.69	
78481	TC	\$132.29	
78481	00	\$176.32	
78481	26	\$44.02	
78481	99	\$44.02	
78483	TC	\$182.43	
78483	00	\$249.24	
78483	26	\$66.80	
78483	99	\$66.80	
78494	TC	\$167.42	
78494	00	\$219.35	
78494	26	\$51.94	
78494	99	\$51.94	
78496	TC	\$67.10	
78496	00	\$89.35	
78496	26	\$22.25	
78496	99	\$22.25	
78499	TC	M	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 205

Proc	Mod	Payment Rate	Facility Rate
78499	00	M	
78499	26	M	
78499	99	M	
78580	TC	\$127.82	
78580	00	\$159.06	
78580	26	\$31.24	
78580	99	\$31.24	
78584	TC	\$80.20	
78584	00	\$121.85	
78584	26	\$41.66	
78584	99	\$41.66	
78585	TC	\$216.04	
78585	00	\$262.06	
78585	26	\$46.02	
78585	99	\$46.02	
78586	TC	\$103.95	
78586	00	\$120.85	
78586	26	\$16.90	
78586	99	\$16.90	
78587	TC	\$131.49	
78587	00	\$152.30	
78587	26	\$20.81	
78587	99	\$20.81	
78588	TC	\$197.80	
78588	00	\$243.82	
78588	26	\$46.02	
78588	99	\$46.02	
78591	TC	\$105.63	
78591	00	\$122.53	
78591	26	\$16.90	
78591	99	\$16.90	
78593	TC	\$123.89	
78593	00	\$144.42	
78593	26	\$20.54	
78593	99	\$20.54	
78594	TC	\$146.22	
78594	00	\$168.55	
78594	26	\$22.33	
78594	99	\$22.33	
78596	TC	\$229.09	
78596	00	\$281.54	
78596	26	\$52.45	
78596	99	\$52.45	
78599	TC	M	
78599	00	M	
78599	26	M	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 206

Proc	Mod	Payment Rate	Facility Rate
78599	99	M	
78600	TC	\$112.94	
78600	00	\$131.64	
78600	26	\$18.71	
78600	99	\$18.71	
78601	TC	\$135.13	
78601	00	\$156.56	
78601	26	\$21.43	
78601	99	\$21.43	
78605	TC	\$123.89	
78605	00	\$146.51	
78605	26	\$22.62	
78605	99	\$22.62	
78606	TC	\$202.43	
78606	00	\$229.44	
78606	26	\$27.01	
78606	99	\$27.01	
78607	TC	\$224.04	
78607	00	\$275.80	
78607	26	\$51.77	
78607	99	\$51.77	
78608	TC	\$554.58	
78608	00	\$606.41	
78608	26	\$63.09	
78609	TC	\$681.73	
78609	00	\$61.13	
78609	26	\$61.13	
78610	TC	\$119.69	
78610	00	\$132.78	
78610	26	\$13.10	
78610	99	\$13.10	
78630	TC	\$214.50	
78630	00	\$243.31	
78630	26	\$28.81	
78630	99	\$28.81	
78635	TC	\$196.12	
78635	00	\$222.06	
78635	26	\$25.94	
78635	99	\$25.94	
78645	TC	\$143.43	
78645	00	\$167.57	
78645	26	\$24.14	
78645	99	\$24.14	
78647	TC	\$219.27	
78647	00	\$257.01	
78647	26	\$37.75	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 207

Proc	Mod	Payment Rate	Facility Rate
78647	99	\$37.75	
78650	TC	\$211.55	
78650	00	\$237.35	
78650	26	\$25.80	
78650	99	\$25.80	
78660	TC	\$101.98	
78660	00	\$124.32	
78660	26	\$22.33	
78660	99	\$22.33	
78699	TC	M	
78699	00	M	
78699	26	M	
78699	99	M	
78700	TC	\$111.52	
78700	00	\$130.54	
78700	26	\$19.01	
78700	99	\$19.01	
78701	TC	\$135.69	
78701	00	\$156.23	
78701	26	\$20.54	
78701	99	\$20.54	
78707	TC	\$142.29	
78707	00	\$182.73	
78707	26	\$40.45	
78707	99	\$40.45	
78708	TC	\$98.44	
78708	00	\$149.60	
78708	26	\$51.15	
78708	99	\$51.15	
78709	TC	\$210.29	
78709	00	\$269.75	
78709	26	\$59.46	
78709	99	\$59.46	
78710	TC	\$151.26	
78710	00	\$179.17	
78710	26	\$27.92	
78710	99	\$27.92	
78725	TC	\$60.25	
78725	00	\$75.97	
78725	26	\$15.71	
78725	99	\$15.71	
78730	TC	\$50.84	
78730	00	\$58.02	
78730	26	\$7.18	
78730	99	\$7.18	
78740	TC	\$131.49	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 208

Proc	Mod	Payment Rate	Facility Rate
78740	00	\$155.76	
78740	26	\$24.28	
78740	99	\$24.28	
78761	TC	\$126.28	
78761	00	\$156.31	
78761	26	\$30.02	
78761	99	\$30.02	
78799	TC	M	
78799	00	M	
78799	26	M	
78799	99	M	
78800	TC	\$112.08	
78800	00	\$139.58	
78800	26	\$27.49	
78800	99	\$27.49	
78801	TC	\$153.39	
78801	00	\$186.73	
78801	26	\$33.34	
78801	99	\$33.34	
78802	TC	\$207.89	
78802	00	\$244.11	
78802	26	\$36.22	
78802	99	\$36.22	
78803	TC	\$223.20	
78803	00	\$269.21	
78803	26	\$46.02	
78803	99	\$46.02	
78804	TC	\$385.21	
78804	00	\$430.47	
78804	26	\$45.26	
78805	TC	\$109.56	
78805	00	\$140.21	
78805	26	\$30.64	
78805	99	\$30.64	
78806	TC	\$218.97	
78806	00	\$255.20	
78806	26	\$36.22	
78806	99	\$36.22	
78807	TC	\$223.47	
78807	00	\$269.64	
78807	26	\$46.16	
78807	99	\$46.16	
78808	00	\$34.52	
78811	TC	\$641.71	
78811	00	\$704.25	
78811	26	\$65.58	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 209

Proc	Mod	Payment Rate	Facility Rate
78812	TC	\$641.71	
78812	00	\$719.69	
78812	26	\$81.90	
78813	TC	\$641.71	
78813	00	\$722.27	
78813	26	\$84.92	
78814	TC	\$712.71	
78814	00	\$801.31	
78814	26	\$93.09	
78815	TC	\$712.71	
78815	00	\$810.63	
78815	26	\$103.05	
78816	TC	\$712.71	
78816	00	\$813.20	
78816	26	\$105.76	
78999	TC	M	
78999	00	M	
78999	26	M	
78999	99	M	
79005	TC	\$46.90	
79005	00	\$121.82	
79005	26	\$74.92	
79101	TC	\$51.12	
79101	00	\$137.18	
79101	26	\$86.07	
79101	99	\$86.07	
79200	TC	\$55.05	
79200	00	\$139.10	
79200	26	\$84.05	
79200	99	\$84.05	
79300	26	\$67.73	
79300	99	\$67.73	
79403	TC	\$78.09	
79403	00	\$173.71	
79403	26	\$95.62	
79440	TC	\$44.94	
79440	00	\$128.84	
79440	26	\$83.91	
79440	99	\$83.91	
79445	26	\$113.25	
79445	99	\$113.25	
79999	TC	M	
79999	00	M	
79999	26	M	
79999	99	M	
80047	00	\$10.63	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 210

Proc	Mod	Payment Rate	Facility Rate
80048	00	\$10.63	
80051	00	\$8.81	
80053	FP	\$12.01	
80053	00	\$12.01	
80055	00	\$32.25	
80061	FP	\$12.31	
80061	00	\$12.31	
80069	00	\$10.90	
80074	00	\$55.61	
80076	00	\$10.26	
80100	00	\$18.26	
80101	00	\$17.29	
80102	00	\$16.63	
80103	00	M	
80150	00	\$18.93	
80152	00	\$22.48	
80154	00	\$23.22	
80156	00	\$18.28	
80157	00	\$16.65	
80158	00	\$22.67	
80160	00	\$21.61	
80162	00	\$16.68	
80164	00	\$14.61	
80166	00	\$19.47	
80168	00	\$13.56	
80170	00	\$18.11	
80172	00	\$20.45	
80173	00	\$18.28	
80174	00	\$21.61	
80176	00	\$18.45	
80178	00	\$8.30	
80182	00	\$14.61	
80184	00	\$14.38	
80185	00	\$16.65	
80186	00	\$17.29	
80188	00	\$20.84	
80190	00	\$21.04	
80192	00	\$21.04	
80194	00	\$18.33	
80195	00	\$17.23	
80196	00	\$8.91	
80197	00	\$17.23	
80198	00	\$17.77	
80200	00	\$18.81	
80201	00	\$14.96	
80202	00	\$14.61	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 211

Proc	Mod	Payment Rate	Facility Rate
80299	00	\$15.49	
80400	00	\$40.95	
80402	00	\$109.17	
80406	00	\$98.26	
80408	00	\$154.65	
80410	00	\$100.88	
80412	00	\$384.27	
80414	00	\$64.84	
80415	00	\$70.18	
80416	00	\$165.74	
80417	00	\$55.25	
80418	00	\$708.02	
80420	00	\$90.45	
80422	00	\$57.84	
80424	00	\$63.42	
80426	00	\$186.38	
80428	00	\$83.73	
80430	00	\$98.51	
80432	00	\$129.21	
80434	00	\$127.02	
80435	00	\$129.30	
80436	00	\$114.47	
80438	00	\$63.29	
80439	00	\$84.38	
80440	00	\$73.01	
81000	FP	\$3.96	
81000	00	\$3.96	
81001	FP	\$3.96	
81001	00	\$3.96	
81002	FP	\$3.22	
81002	00	\$3.22	
81003	FP	\$2.82	
81003	00	\$2.82	
81005	FP	\$2.72	
81005	00	\$2.72	
81007	FP	\$3.23	
81007	00	\$3.23	
81015	FP	\$3.61	
81015	00	\$3.61	
81020	FP	\$2.21	
81020	00	\$2.21	
81025	FP	\$7.95	
81025	00	\$7.95	
81050	00	\$3.76	
81099	00	M	
82000	00	\$3.61	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 212

Proc	Mod	Payment Rate	Facility Rate
82003	00	\$25.41	
82009	00	\$5.55	
82010	00	\$8.40	
82013	00	\$14.03	
82016	00	\$17.41	
82017	00	\$18.40	
82024	00	\$43.57	
82030	00	\$22.66	
82040	00	\$6.22	
82042	00	\$6.50	
82043	00	\$7.27	
82044	00	\$5.74	
82045	00	\$42.62	
82055	00	\$12.43	
82075	00	\$15.14	
82085	00	\$11.73	
82088	00	\$49.70	
82101	00	\$37.69	
82103	00	\$9.59	
82104	00	\$18.15	
82105	00	\$7.48	
82106	00	\$7.48	
82107	00	\$74.84	
82108	00	\$21.04	
82120	FP	\$3.04	
82120	00	\$3.04	
82127	00	\$17.41	
82128	00	\$17.41	
82131	00	\$21.18	
82135	00	\$20.67	
82136	00	\$18.40	
82139	00	\$18.40	
82140	00	\$18.30	
82143	00	\$8.63	
82145	00	\$19.52	
82150	00	\$8.14	
82154	00	\$36.21	
82157	00	\$36.76	
82160	00	\$31.40	
82163	00	\$25.77	
82164	00	\$14.25	
82172	00	\$13.55	
82175	00	\$15.07	
82180	00	\$6.07	
82190	00	\$16.82	
82205	00	\$14.38	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 213

Proc	Mod	Payment Rate	Facility Rate
82232	00	\$15.07	
82239	00	\$21.51	
82240	00	\$33.38	
82247	00	\$6.30	
82248	00	\$6.30	
82252	00	\$5.71	
82270	00	\$4.09	
82271	00	\$4.09	
82272	00	\$4.09	
82274	00	\$11.33	
82286	00	\$8.65	
82300	00	\$29.06	
82306	00	\$37.17	
82308	00	\$33.63	
82310	00	\$6.48	
82330	00	\$17.16	
82331	00	\$6.50	
82340	00	\$7.58	
82355	00	\$12.04	
82360	00	\$16.17	
82365	00	\$16.19	
82370	00	\$15.73	
82373	00	\$22.68	
82374	00	\$5.84	
82375	00	\$7.48	
82376	00	\$7.48	
82378	00	\$23.82	
82379	00	\$18.40	
82380	00	\$11.58	
82382	00	\$19.75	
82383	00	\$31.47	
82384	00	\$31.71	
82387	00	\$26.13	
82390	00	\$13.48	
82397	00	\$17.74	
82415	00	\$15.07	
82435	00	\$5.15	
82436	00	\$6.31	
82438	00	\$6.14	
82441	00	\$6.78	
82465	00	\$5.47	
82480	00	\$9.90	
82482	00	\$9.65	
82485	00	\$25.93	
82486	00	\$22.68	
82487	00	\$20.05	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 214

Proc	Mod	Payment Rate	Facility Rate
82488	00	\$26.83	
82489	00	\$23.22	
82491	00	\$22.68	
82492	00	\$22.68	
82495	00	\$6.07	
82507	00	\$34.92	
82520	00	\$12.04	
82525	00	\$15.57	
82528	00	\$19.50	
82530	00	\$20.99	
82533	00	\$20.48	
82540	00	\$5.81	
82550	00	\$7.75	
82552	00	\$5.15	
82553	00	\$14.50	
82554	00	\$14.90	
82565	00	\$6.43	
82570	00	\$6.50	
82575	00	\$11.86	
82585	00	\$10.77	
82595	00	\$6.18	
82600	00	\$24.36	
82607	00	\$18.93	
82608	00	\$17.98	
82610	00	\$17.07	
82615	00	\$10.25	
82626	00	\$31.73	
82627	00	\$27.92	
82633	00	\$38.90	
82634	00	\$36.76	
82638	00	\$15.07	
82646	00	\$22.53	
82649	00	\$32.28	
82651	00	\$32.41	
82652	00	\$48.33	
82654	00	\$17.39	
82656	00	\$14.49	
82657	00	\$22.68	
82658	00	\$22.68	
82664	00	\$7.48	
82666	00	\$26.98	
82668	00	\$22.53	
82670	00	\$35.09	
82671	00	\$32.14	
82672	00	\$27.23	
82677	00	\$30.37	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 215

Proc	Mod	Payment Rate	Facility Rate
82679	00	\$31.35	
82690	00	\$21.71	
82693	00	\$18.71	
82696	00	\$29.61	
82705	00	\$6.39	
82710	00	\$3.61	
82715	00	\$21.61	
82725	00	\$2.95	
82726	00	\$22.68	
82728	00	\$17.11	
82731	00	\$74.84	
82735	00	\$23.29	
82742	00	\$24.85	
82746	00	\$18.46	
82747	00	\$21.75	
82757	00	\$15.07	
82759	00	\$26.98	
82760	00	\$14.06	
82775	00	\$22.53	
82776	00	\$10.53	
82784	00	\$11.68	
82785	00	\$18.22	
82787	00	\$10.07	
82800	00	\$10.64	
82803	00	\$24.30	
82805	00	\$35.63	
82810	00	\$10.96	
82820	00	\$12.55	
82926	00	\$6.85	
82928	00	\$8.22	
82938	00	\$22.21	
82941	00	\$22.15	
82943	00	\$17.94	
82945	00	\$4.93	
82946	00	\$5.84	
82947	FP	\$4.93	
82947	00	\$4.93	
82948	00	\$3.98	
82950	00	\$5.96	
82951	00	\$16.17	
82952	00	\$4.34	
82953	00	\$19.02	
82955	00	\$12.18	
82960	00	\$5.84	
82962	00	\$2.94	
82963	00	\$26.98	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 216

Proc	Mod	Payment Rate	Facility Rate
82965	00	\$6.90	
82975	00	\$19.89	
82977	00	\$9.04	
82978	00	\$17.90	
82979	00	\$7.48	
82980	00	\$23.01	
82985	00	\$18.93	
83001	00	\$23.34	
83002	00	\$23.25	
83003	00	\$20.93	
83008	00	\$21.08	
83009	00	\$54.52	
83010	00	\$15.27	
83012	00	\$15.07	
83013	00	\$54.52	
83014	00	\$9.87	
83015	00	\$23.65	
83018	00	\$6.60	
83020	26	\$15.27	
83021	00	\$22.68	
83026	00	\$2.97	
83030	00	\$8.78	
83033	00	\$7.48	
83036	00	\$12.19	
83045	00	\$6.23	
83050	00	\$2.25	
83051	00	\$4.34	
83055	00	\$6.18	
83060	00	\$3.61	
83065	00	\$3.04	
83068	00	\$3.61	
83069	00	\$4.95	
83070	00	\$3.04	
83071	00	\$3.73	
83088	00	\$37.08	
83090	00	\$21.18	
83150	00	\$24.30	
83491	00	\$19.81	
83497	00	\$16.19	
83498	00	\$34.11	
83499	00	\$23.37	
83500	00	\$28.44	
83505	00	\$30.52	
83516	00	\$14.49	
83518	00	\$10.65	
83519	00	\$16.97	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 217

Proc	Mod	Payment Rate	Facility Rate
83520	00	\$16.26	
83525	00	\$14.35	
83527	00	\$16.26	
83528	00	\$17.29	
83540	00	\$8.14	
83550	00	\$10.98	
83570	00	\$11.10	
83582	00	\$17.79	
83586	00	\$16.07	
83593	00	\$33.02	
83605	00	\$13.41	
83615	00	\$7.58	
83625	00	\$7.46	
83632	00	\$25.38	
83633	00	\$6.91	
83634	00	\$14.47	
83655	00	\$15.20	
83661	00	\$27.60	
83662	00	\$23.75	
83663	00	\$23.75	
83670	00	\$11.51	
83690	00	\$8.65	
83695	00	\$16.26	
83701	00	\$31.17	
83704	00	\$39.62	
83718	00	\$10.29	
83719	00	\$10.53	
83721	00	\$10.51	
83727	00	\$20.34	
83735	00	\$8.41	
83775	00	\$9.26	
83785	00	\$22.53	
83805	00	\$22.14	
83825	00	\$20.42	
83835	00	\$21.28	
83840	00	\$20.50	
83857	00	\$12.04	
83858	00	\$18.61	
83864	00	\$22.11	
83866	00	\$12.38	
83872	00	\$7.36	
83873	00	\$21.60	
83874	00	\$15.07	
83876	00	\$16.26	
83880	00	\$42.62	
83883	00	\$17.07	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 218

Proc	Mod	Payment Rate	Facility Rate
83885	00	\$30.76	
83887	00	\$29.74	
83890	00	\$5.03	
83891	00	\$5.03	
83892	00	\$5.03	
83893	00	\$5.03	
83894	00	\$5.03	
83896	00	\$5.03	
83897	00	\$5.03	
83898	00	\$21.04	
83900	00	\$42.10	
83901	00	\$21.04	
83902	00	\$17.82	
83903	00	\$21.04	
83904	00	\$21.04	
83905	00	\$21.04	
83906	00	\$21.04	
83907	00	\$16.77	
83908	00	\$21.04	
83909	00	\$21.04	
83912	00	\$5.03	
83912	26	\$14.71	
83913	00	\$16.77	
83914	00	\$21.04	
83915	00	\$14.01	
83916	00	\$25.25	
83918	00	\$18.81	
83919	00	\$18.81	
83921	00	\$18.81	
83925	00	\$24.43	
83930	00	\$7.48	
83935	00	\$7.48	
83937	00	\$37.49	
83945	00	\$16.17	
83950	00	\$74.84	
83951	00	\$74.84	
83970	00	\$51.83	
83986	00	\$3.73	
83987	00	\$19.56	
83992	00	\$18.46	
83993	00	\$24.65	
84022	00	\$13.44	
84030	00	\$6.91	
84035	00	\$4.59	
84060	00	\$9.27	
84061	00	\$9.93	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 219

Proc	Mod	Payment Rate	Facility Rate
84066	00	\$11.33	
84075	00	\$6.50	
84078	00	\$6.78	
84080	00	\$18.57	
84081	00	\$20.74	
84085	00	\$8.46	
84087	00	\$12.96	
84100	00	\$5.96	
84105	00	\$6.50	
84106	00	\$5.38	
84110	00	\$4.55	
84119	00	\$10.81	
84120	00	\$18.46	
84126	00	\$31.98	
84127	00	\$7.24	
84132	00	\$5.76	
84133	00	\$5.40	
84134	00	\$18.32	
84135	00	\$21.31	
84138	00	\$16.89	
84140	00	\$22.20	
84143	00	\$28.66	
84144	00	\$26.20	
84145	00	\$23.87	
84146	00	\$24.34	
84150	00	\$4.55	
84152	00	\$23.09	
84153	00	\$23.09	
84154	00	\$23.09	
84155	00	\$4.60	
84156	00	\$4.60	
84157	00	\$4.60	
84160	00	\$4.55	
84163	00	\$12.78	
84165	00	\$13.48	
84165	26	\$14.99	
84166	00	\$22.39	
84166	26	\$14.99	
84181	00	\$21.39	
84182	00	\$22.60	
84202	00	\$18.02	
84203	00	\$9.00	
84206	00	\$22.37	
84207	00	\$35.28	
84210	00	\$11.33	
84220	00	\$11.33	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 220

Proc	Mod	Payment Rate	Facility Rate
84228	00	\$14.61	
84233	00	\$74.84	
84234	00	\$73.08	
84235	00	\$65.71	
84238	00	\$45.92	
84244	00	\$27.62	
84252	00	\$3.73	
84255	00	\$32.05	
84260	00	\$30.09	
84270	00	\$27.29	
84275	00	\$16.86	
84285	00	\$29.57	
84295	00	\$5.84	
84300	00	\$6.11	
84302	00	\$6.11	
84305	00	\$26.69	
84307	00	\$22.96	
84311	00	\$8.77	
84315	00	\$3.15	
84375	00	\$7.24	
84376	00	\$6.91	
84377	00	\$6.91	
84378	00	\$14.47	
84379	00	\$14.47	
84392	00	\$5.96	
84402	00	\$31.97	
84403	00	\$32.42	
84425	00	\$26.67	
84430	00	\$7.71	
84431	00	\$15.94	
84432	00	\$11.27	
84436	00	\$8.63	
84437	00	\$5.96	
84439	00	\$7.71	
84442	00	\$16.00	
84443	00	\$21.10	
84445	00	\$30.09	
84446	00	\$17.80	
84449	00	\$22.60	
84450	00	\$6.43	
84460	00	\$6.65	
84466	00	\$16.03	
84478	00	\$7.22	
84479	00	\$8.13	
84480	00	\$17.80	
84481	00	\$21.28	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 221

Proc	Mod	Payment Rate	Facility Rate
84482	00	\$19.79	
84484	00	\$12.36	
84485	00	\$9.43	
84488	00	\$7.48	
84490	00	\$7.48	
84510	00	\$7.48	
84512	00	\$9.67	
84520	00	\$4.95	
84525	00	\$3.04	
84540	00	\$5.96	
84545	00	\$7.24	
84550	00	\$5.67	
84560	00	\$5.96	
84577	00	\$15.67	
84578	00	\$3.73	
84580	00	\$7.48	
84583	00	\$6.31	
84585	00	\$19.47	
84586	00	\$18.72	
84588	00	\$42.62	
84590	00	\$14.12	
84591	00	\$14.12	
84597	00	\$17.21	
84600	00	\$20.18	
84620	00	\$14.87	
84630	00	\$7.16	
84681	00	\$18.04	
84702	FP	\$12.78	
84702	00	\$12.78	
84703	FP	\$9.43	
84703	00	\$9.43	
84704	00	\$12.78	
84999	00	M	
85002	00	\$5.65	
85004	00	\$7.48	
85007	FP	\$4.32	
85007	00	\$4.32	
85008	FP	\$4.32	
85008	00	\$4.32	
85009	FP	\$4.34	
85009	00	\$4.34	
85013	FP	\$2.98	
85013	00	\$2.98	
85014	FP	\$2.98	
85014	00	\$2.98	
85018	FP	\$2.98	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 222

Proc	Mod	Payment Rate	Facility Rate
85018	00	\$2.98	
85025	FP	\$7.31	
85025	00	\$9.31	
85027	FP	\$7.48	
85027	00	\$7.48	
85032	FP	\$5.40	
85032	00	\$5.40	
85041	00	\$3.61	
85044	00	\$5.40	
85045	00	\$5.03	
85046	00	\$7.01	
85048	00	\$3.19	
85049	00	\$5.62	
85055	00	\$33.62	
85060	00	\$18.45	
85097	00	\$38.42	
85130	00	\$9.06	
85170	00	\$4.54	
85175	00	\$5.25	
85210	00	\$8.78	
85220	00	\$15.07	
85230	00	\$15.07	
85240	00	\$15.07	
85244	00	\$15.07	
85245	00	\$10.53	
85246	00	\$10.53	
85247	00	\$10.53	
85250	00	\$15.07	
85260	00	\$15.07	
85270	00	\$15.07	
85280	00	\$15.07	
85290	00	\$15.07	
85291	00	\$11.16	
85292	00	\$23.78	
85293	00	\$23.78	
85300	00	\$14.88	
85301	00	\$13.58	
85302	00	\$15.09	
85303	00	\$17.36	
85305	00	\$14.56	
85306	00	\$18.96	
85307	00	\$18.96	
85335	00	\$15.07	
85337	00	\$13.09	
85345	00	\$5.40	
85347	00	\$3.04	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 223

Proc	Mod	Payment Rate	Facility Rate
85348	00	\$3.04	
85360	00	\$10.54	
85362	00	\$5.96	
85366	00	\$5.25	
85370	00	\$14.26	
85378	00	\$5.99	
85379	00	\$12.77	
85380	00	\$12.77	
85384	00	\$9.84	
85385	00	\$9.84	
85390	00	\$6.48	
85396	00	\$15.40	
85397	00	\$10.53	
85400	00	\$10.53	
85410	00	\$5.25	
85415	00	\$21.59	
85420	00	\$5.84	
85421	00	\$12.79	
85441	00	\$3.73	
85445	00	\$8.56	
85460	00	\$2.95	
85461	00	\$8.33	
85475	00	\$7.48	
85520	00	\$16.43	
85525	00	\$14.88	
85530	00	\$17.80	
85536	00	\$8.13	
85540	00	\$7.24	
85547	00	\$7.48	
85549	00	\$23.56	
85555	00	\$7.48	
85557	00	\$16.77	
85576	00	\$18.81	
85597	00	\$5.83	
85610	00	\$4.94	
85611	00	\$4.95	
85612	00	\$12.01	
85613	00	\$12.01	
85635	00	\$12.37	
85651	00	\$4.45	
85652	00	\$3.39	
85660	00	\$6.93	
85670	00	\$7.26	
85675	00	\$7.48	
85705	00	\$12.09	
85730	00	\$7.53	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 224

Proc	Mod	Payment Rate	Facility Rate
85732	00	\$8.13	
85810	00	\$14.66	
85999	00	M	
86000	00	\$8.76	
86001	00	\$6.55	
86003	00	\$6.55	
86005	00	\$4.47	
86021	00	\$7.48	
86022	00	\$7.40	
86023	00	\$15.64	
86038	00	\$15.18	
86039	00	\$14.02	
86060	00	\$9.17	
86063	00	\$5.84	
86077	00	\$38.56	
86078	00	\$38.56	
86079	00	\$38.85	
86140	00	\$6.50	
86141	00	\$16.26	
86146	00	\$31.94	
86147	00	\$31.94	
86148	00	\$20.17	
86155	00	\$20.06	
86156	00	\$7.52	
86157	00	\$10.12	
86160	00	\$15.08	
86161	00	\$15.08	
86162	00	\$25.52	
86171	00	\$10.63	
86185	00	\$11.23	
86200	00	\$16.26	
86215	00	\$16.64	
86225	00	\$17.25	
86226	00	\$15.20	
86235	00	\$22.51	
86243	00	\$25.77	
86255	FP	\$15.14	
86255	00	\$15.14	
86256	00	\$15.14	
86277	00	\$18.81	
86280	00	\$3.40	
86294	00	\$17.18	
86300	00	\$26.13	
86301	00	\$26.13	
86304	00	\$26.13	
86305	00	\$25.64	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 225

Proc	Mod	Payment Rate	Facility Rate
86308	00	\$6.50	
86309	00	\$8.13	
86310	00	\$9.26	
86316	00	\$26.13	
86317	00	\$18.83	
86318	00	\$16.26	
86320	00	\$28.14	
86325	00	\$28.08	
86327	00	\$28.49	
86329	00	\$15.31	
86331	00	\$14.25	
86332	00	\$30.61	
86334	00	\$28.05	
86336	00	\$19.57	
86337	00	\$26.89	
86340	00	\$17.29	
86341	00	\$19.30	
86343	00	\$15.65	
86344	00	\$10.03	
86352	00	\$78.79	
86353	00	\$60.17	
86355	00	\$47.37	
86356	00	\$33.62	
86357	00	\$47.37	
86359	00	\$47.37	
86360	00	\$44.58	
86361	00	\$33.62	
86367	00	\$47.37	
86376	00	\$16.37	
86378	00	\$24.73	
86382	00	\$9.80	
86384	00	\$12.04	
86403	00	\$12.80	
86406	00	\$13.36	
86430	00	\$7.13	
86431	00	\$7.13	
86480	00	\$77.82	
86485	00	\$20.25	
86486	00	\$3.65	
86490	00	\$5.06	
86510	00	\$5.06	
86580	00	\$5.33	
86590	00	\$13.85	
86592	FP	\$5.36	
86592	00	\$5.36	
86593	FP	\$5.53	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 226

Proc	Mod	Payment Rate	Facility Rate
86593	00	\$5.53	
86602	00	\$12.77	
86603	00	\$16.16	
86606	00	\$18.90	
86609	00	\$16.18	
86611	00	\$12.77	
86612	00	\$16.20	
86615	00	\$16.56	
86617	00	\$19.44	
86618	00	\$21.39	
86619	00	\$16.80	
86622	00	\$11.22	
86625	00	\$16.48	
86628	00	\$15.08	
86631	00	\$14.85	
86632	00	\$15.94	
86635	00	\$14.41	
86638	00	\$15.22	
86641	00	\$18.10	
86644	00	\$18.08	
86645	00	\$21.16	
86648	00	\$19.10	
86651	00	\$16.56	
86652	00	\$16.56	
86653	00	\$16.56	
86654	00	\$16.56	
86658	00	\$16.37	
86663	00	\$16.48	
86664	00	\$19.21	
86665	00	\$22.77	
86666	00	\$12.77	
86668	00	\$13.05	
86671	00	\$15.39	
86674	00	\$18.49	
86677	00	\$18.22	
86682	00	\$15.35	
86684	00	\$19.89	
86687	00	\$10.54	
86688	00	\$17.59	
86689	FP	\$24.30	
86689	00	\$24.30	
86692	00	\$21.55	
86694	FP	\$18.08	
86694	00	\$18.08	
86695	FP	\$16.56	
86695	00	\$16.56	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 227

Proc	Mod	Payment Rate	Facility Rate
86696	FP	\$24.30	
86696	00	\$24.30	
86698	00	\$15.70	
86701	FP	\$11.15	
86701	00	\$11.15	
86702	FP	\$16.98	
86702	00	\$16.98	
86703	FP	\$17.22	
86703	00	\$17.22	
86704	00	\$12.04	
86705	00	\$14.77	
86706	00	\$13.48	
86707	00	\$12.04	
86708	00	\$15.56	
86709	00	\$10.53	
86710	00	\$17.03	
86713	00	\$19.22	
86717	00	\$7.30	
86720	00	\$16.56	
86723	00	\$16.56	
86727	00	\$16.16	
86729	00	\$15.00	
86732	00	\$16.56	
86735	00	\$16.39	
86738	00	\$16.63	
86741	00	\$16.56	
86744	00	\$16.56	
86747	00	\$18.88	
86750	00	\$16.56	
86753	00	\$15.56	
86756	00	\$16.19	
86757	00	\$24.30	
86759	00	\$16.56	
86762	00	\$18.08	
86765	00	\$16.18	
86768	00	\$16.56	
86771	00	\$16.56	
86774	00	\$18.58	
86777	00	\$18.08	
86778	00	\$18.09	
86780	00	\$16.31	
86784	00	\$15.77	
86787	00	\$16.18	
86788	00	\$21.16	
86789	00	\$18.08	
86790	00	\$16.18	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 228

Proc	Mod	Payment Rate	Facility Rate
86793	00	\$16.56	
86800	00	\$11.33	
86803	00	\$17.92	
86804	00	\$19.44	
86805	00	\$65.65	
86806	00	\$59.75	
86807	00	\$49.68	
86808	00	\$37.26	
86812	00	\$32.40	
86813	00	\$72.81	
86816	00	\$34.98	
86817	00	\$80.84	
86821	00	\$70.90	
86822	00	\$45.91	
86825	00	\$98.93	
86826	00	\$32.98	
86849	00	M	
86850	00	\$13.50	
86860	00	\$13.50	
86870	00	\$11.25	
86880	00	\$6.74	
86885	00	\$7.18	
86886	00	\$6.50	
86890	00	M	
86891	00	M	
86900	00	\$3.74	
86901	00	\$3.74	
86903	00	\$11.85	
86904	00	\$11.94	
86905	00	\$3.73	
86906	00	\$9.73	
86920	00	M	
86921	00	M	
86922	00	M	
86927	00	M	
86930	00	M	
86931	00	M	
86932	00	M	
86940	00	\$7.40	
86941	00	\$10.95	
86945	00	M	
86950	00	M	
86960	00	M	
86965	00	M	
86970	00	M	
86971	00	M	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 229

Proc	Mod	Payment Rate	Facility Rate
86972	00	M	
86975	00	M	
86976	00	M	
86977	00	M	
86978	00	M	
86985	00	M	
86999	00	M	
87001	00	\$16.60	
87003	00	\$21.14	
87015	00	\$8.39	
87040	00	\$12.96	
87045	00	\$11.84	
87046	00	\$11.84	
87070	00	\$10.81	
87071	00	\$11.84	
87073	00	\$11.84	
87075	00	\$11.88	
87076	00	\$10.15	
87077	00	\$10.15	
87081	FP	\$8.33	
87081	00	\$8.33	
87084	00	\$10.81	
87086	00	\$10.14	
87088	00	\$10.17	
87101	00	\$5.84	
87102	00	\$10.54	
87103	00	\$11.33	
87106	00	\$12.96	
87109	00	\$19.32	
87110	FP	\$12.04	
87110	00	\$12.04	
87116	00	\$13.57	
87118	00	\$13.74	
87140	00	\$7.00	
87143	00	\$5.25	
87147	00	\$6.50	
87149	00	\$25.17	
87150	00	\$43.23	
87152	00	\$5.25	
87153	00	\$142.09	
87158	00	\$5.25	
87164	FP	\$5.84	
87164	00	\$5.84	
87166	00	\$5.25	
87168	00	\$5.15	
87169	00	\$5.15	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 230

Proc	Mod	Payment Rate	Facility Rate
87172	00	\$5.15	
87176	00	\$7.39	
87177	00	\$11.17	
87181	00	\$5.96	
87184	00	\$8.66	
87185	00	\$5.96	
87186	00	\$10.85	
87187	00	\$13.01	
87188	00	\$8.33	
87190	00	\$7.10	
87197	00	\$18.86	
87205	FP	\$5.36	
87205	00	\$5.36	
87206	FP	\$6.74	
87206	00	\$6.74	
87207	FP	\$5.96	
87207	00	\$5.96	
87209	FP	\$17.88	
87209	00	\$17.88	
87210	FP	\$5.15	
87210	00	\$5.15	
87220	FP	\$5.36	
87220	00	\$5.36	
87230	00	\$21.04	
87250	00	\$24.55	
87252	00	\$17.29	
87253	00	\$20.45	
87254	00	\$24.55	
87255	00	\$27.51	
87260	00	\$15.07	
87265	00	\$15.07	
87267	00	\$15.07	
87269	00	\$15.07	
87270	FP	\$15.07	
87270	00	\$15.07	
87271	00	\$15.07	
87272	00	\$15.07	
87273	00	\$15.07	
87274	00	\$15.07	
87275	00	\$15.07	
87276	00	\$15.07	
87277	00	\$15.07	
87278	00	\$15.07	
87279	00	\$15.07	
87280	00	\$15.07	
87281	00	\$15.07	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 231

Proc	Mod	Payment Rate	Facility Rate
87283	00	\$15.07	
87285	00	\$15.07	
87290	00	\$15.07	
87299	00	\$15.07	
87300	00	\$15.07	
87301	00	\$15.07	
87305	00	\$15.07	
87320	00	\$15.07	
87324	00	\$15.07	
87327	00	\$15.07	
87328	00	\$15.07	
87329	00	\$15.07	
87332	00	\$15.07	
87335	00	\$15.07	
87336	00	\$15.07	
87338	00	\$18.06	
87339	00	\$15.07	
87340	00	\$12.38	
87341	00	\$12.38	
87350	00	\$11.33	
87380	00	\$20.62	
87385	00	\$15.07	
87390	00	\$22.15	
87391	00	\$22.15	
87400	00	\$15.07	
87420	00	\$15.07	
87425	00	\$15.07	
87427	00	\$15.07	
87430	00	\$15.07	
87449	00	\$15.07	
87450	00	\$12.03	
87451	00	\$12.03	
87470	00	\$25.17	
87471	00	\$44.08	
87472	00	\$53.78	
87475	00	\$25.17	
87476	00	\$44.08	
87477	00	\$53.78	
87480	FP	\$25.17	
87480	00	\$25.17	
87481	FP	\$44.08	
87481	00	\$44.08	
87482	FP	\$52.42	
87482	00	\$52.42	
87485	00	\$25.17	
87486	00	\$44.08	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 232

Proc	Mod	Payment Rate	Facility Rate
87487	00	\$53.78	
87490	FP	\$25.17	
87490	00	\$25.17	
87491	FP	\$44.08	
87491	00	\$44.08	
87492	00	\$43.89	
87493	00	\$43.23	
87495	00	\$25.17	
87496	00	\$44.08	
87497	00	\$53.78	
87498	00	\$44.08	
87500	00	\$44.08	
87510	FP	\$25.17	
87510	00	\$25.17	
87511	FP	\$44.08	
87511	00	\$44.08	
87512	FP	\$52.42	
87512	00	\$52.42	
87515	00	\$25.17	
87516	00	\$44.08	
87517	00	\$53.78	
87520	00	\$25.17	
87521	00	\$44.08	
87522	00	\$53.78	
87525	00	\$25.17	
87526	00	\$44.08	
87527	00	\$52.42	
87528	FP	\$25.17	
87528	00	\$25.17	
87529	FP	\$44.08	
87529	00	\$44.08	
87530	FP	\$53.78	
87530	00	\$53.78	
87531	FP	\$25.17	
87531	00	\$25.17	
87532	FP	\$44.08	
87532	00	\$44.08	
87533	FP	\$52.42	
87533	00	\$52.42	
87534	FP	\$25.17	
87534	00	\$25.17	
87535	FP	\$44.08	
87535	00	\$44.08	
87536	FP	\$106.85	
87536	00	\$106.85	
87537	FP	\$25.17	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 233

Proc	Mod	Payment Rate	Facility Rate
87537	00	\$25.17	
87538	FP	\$44.08	
87538	00	\$44.08	
87539	FP	\$53.78	
87539	00	\$53.78	
87540	00	\$25.17	
87541	00	\$44.08	
87542	00	\$52.42	
87550	00	\$25.17	
87551	00	\$44.08	
87552	00	\$53.78	
87555	00	\$25.17	
87556	00	\$44.08	
87557	00	\$53.78	
87560	00	\$25.17	
87561	00	\$44.08	
87562	00	\$53.78	
87580	00	\$25.17	
87581	00	\$44.08	
87582	00	\$52.42	
87590	FP	\$25.17	
87590	00	\$25.17	
87591	FP	\$44.08	
87591	00	\$44.08	
87592	FP	\$53.78	
87592	00	\$53.78	
87620	FP	\$25.17	
87620	00	\$25.17	
87621	FP	\$44.08	
87621	00	\$44.08	
87622	FP	\$52.42	
87622	00	\$52.42	
87640	00	\$44.08	
87641	00	\$44.08	
87650	00	\$25.17	
87651	00	\$44.08	
87652	00	\$52.42	
87653	00	\$44.08	
87660	FP	\$25.17	
87660	00	\$25.17	
87797	FP	\$25.17	
87797	00	\$25.17	
87798	00	\$44.08	
87799	00	\$53.78	
87800	00	\$50.36	
87801	00	\$88.14	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 234

Proc	Mod	Payment Rate	Facility Rate
87802	00	\$15.07	
87803	00	\$15.07	
87804	00	\$15.07	
87807	00	\$15.07	
87808	00	\$15.07	
87809	00	\$15.07	
87810	00	\$15.07	
87850	FP	\$15.07	
87850	00	\$15.07	
87880	00	\$15.07	
87899	00	\$15.07	
87900	00	\$86.41	
87901	00	\$323.26	
87902	00	\$323.26	
87903	00	\$613.55	
87904	00	\$17.29	
87905	00	\$15.34	
87999	00	M	
88104	TC	\$25.57	
88104	00	\$48.27	
88104	26	\$22.70	
88106	TC	\$37.09	
88106	00	\$59.80	
88106	26	\$22.70	
88107	TC	\$44.12	
88107	00	\$75.41	
88107	26	\$31.30	
88108	FP	\$56.70	
88108	TC	\$34.00	
88108	00	\$56.70	
88108	26	\$22.70	
88112	TC	\$34.56	
88112	00	\$81.27	
88112	26	\$46.72	
88125	TC	\$6.32	
88125	00	\$17.05	
88125	26	\$10.73	
88130	00	\$18.89	
88140	00	\$10.04	
88141	FP	\$22.02	
88141	00	\$22.02	
88142	FP	\$25.44	
88142	00	\$25.44	
88143	FP	\$25.44	
88143	00	\$25.44	
88147	FP	\$13.26	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 235

Proc	Mod	Payment Rate	Facility Rate
88147	00	\$13.26	
88148	FP	\$17.81	
88148	00	\$17.81	
88150	FP	\$13.26	
88150	00	\$13.26	
88152	FP	\$13.26	
88152	00	\$13.26	
88153	FP	\$13.26	
88153	00	\$13.26	
88154	FP	\$13.26	
88154	00	\$13.26	
88155	FP	\$7.24	
88155	00	\$7.24	
88160	FP	\$40.79	
88160	TC	\$20.51	
88160	00	\$40.79	
88160	26	\$20.28	
88161	FP	\$42.48	
88161	TC	\$22.48	
88161	00	\$42.48	
88161	26	\$20.00	
88162	FP	\$61.64	
88162	TC	\$30.62	
88162	00	\$61.64	
88162	26	\$31.01	
88164	FP	\$13.26	
88164	00	\$13.26	
88165	FP	\$13.26	
88165	00	\$13.26	
88166	FP	\$13.26	
88166	00	\$13.26	
88167	FP	\$13.26	
88167	00	\$13.26	
88172	FP	\$41.64	
88172	TC	\$17.14	
88172	00	\$41.64	
88172	26	\$24.51	
88173	FP	\$105.63	
88173	TC	\$49.17	
88173	00	\$105.63	
88173	26	\$56.45	
88174	FP	\$26.82	
88174	00	\$26.82	
88175	FP	\$33.26	
88175	00	\$33.26	
88182	TC	\$50.58	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 236

Proc	Mod	Payment Rate	Facility Rate
88182	00	\$79.93	
88182	26	\$29.36	
88184	00	\$60.70	
88185	00	\$35.97	
88187	00	\$53.84	
88188	00	\$66.32	
88188	26	\$62.47	
88189	00	\$84.76	
88199	TC	M	
88199	00	M	
88199	26	M	
88230	00	\$146.29	
88233	00	\$176.71	
88235	00	\$184.90	
88237	00	\$158.59	
88239	00	\$185.24	
88245	00	\$186.92	
88248	00	\$217.44	
88249	00	\$217.44	
88261	00	\$211.49	
88262	00	\$156.50	
88263	00	\$188.70	
88264	00	\$156.50	
88267	00	\$225.72	
88269	00	\$208.84	
88271	00	\$26.89	
88272	00	\$33.62	
88273	00	\$40.34	
88274	00	\$43.71	
88275	00	\$50.43	
88280	00	\$31.51	
88283	00	\$86.13	
88285	00	\$6.78	
88289	00	\$43.24	
88291	00	\$23.44	
88299	TC	M	
88299	00	M	
88299	26	M	
88300	FP	\$17.93	
88300	TC	\$14.47	
88300	00	\$17.93	
88300	26	\$3.47	
88302	FP	\$37.61	
88302	TC	\$32.31	
88302	00	\$37.61	
88302	26	\$5.30	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 237

Proc	Mod	Payment Rate	Facility Rate
88304	TC	\$39.06	
88304	00	\$47.99	
88304	26	\$8.93	
88305	TC	\$51.42	
88305	00	\$82.12	
88305	26	\$30.70	
88307	TC	\$99.47	
88307	00	\$164.79	
88307	26	\$65.33	
88309	TC	\$136.56	
88309	00	\$249.53	
88309	26	\$112.97	
88311	TC	\$4.64	
88311	00	\$14.47	
88311	26	\$9.83	
88312	TC	\$55.50	
88312	00	\$77.31	
88312	26	\$21.80	
88313	TC	\$46.51	
88313	00	\$56.05	
88313	26	\$9.55	
88314	TC	\$50.30	
88314	00	\$68.75	
88314	26	\$18.45	
88318	TC	\$60.28	
88318	00	\$77.24	
88318	26	\$16.96	
88319	TC	\$85.71	
88319	00	\$107.20	
88319	26	\$21.49	
88321	00	\$65.30	
88323	TC	\$43.55	
88323	00	\$114.49	
88323	26	\$70.94	
88325	00	\$101.56	
88329	00	\$27.52	
88331	TC	\$22.19	
88331	00	\$71.46	
88331	26	\$49.27	
88332	TC	\$7.86	
88332	00	\$32.06	
88332	26	\$24.20	
88333	TC	\$23.87	
88333	00	\$73.18	
88333	26	\$49.30	
88334	00	\$44.27	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 238

Proc	Mod	Payment Rate	Facility Rate
88342	TC	\$44.12	
88342	00	\$78.20	
88342	26	\$34.09	
88346	TC	\$43.83	
88346	00	\$78.51	
88346	26	\$34.68	
88347	TC	\$29.22	
88347	00	\$62.50	
88347	26	\$33.27	
88348	TC	\$422.49	
88348	00	\$483.65	
88348	26	\$61.15	
88349	TC	\$198.67	
88349	00	\$229.96	
88349	26	\$31.30	
88355	TC	\$115.76	
88355	00	\$187.61	
88355	26	\$71.84	
88356	TC	\$114.50	
88356	00	\$229.22	
88356	26	\$114.72	
88358	TC	\$23.73	
88358	00	\$60.76	
88358	26	\$37.03	
88360	TC	\$50.30	
88360	00	\$94.52	
88360	26	\$44.22	
88361	TC	\$70.94	
88361	00	\$118.20	
88361	26	\$47.26	
88362	TC	\$118.58	
88362	00	\$206.24	
88362	26	\$87.66	
88365	TC	\$75.31	
88365	00	\$123.06	
88365	26	\$47.76	
88368	TC	\$111.27	
88368	00	\$165.08	
88368	26	\$53.81	
88371	26	\$14.99	
88372	26	\$14.99	
88380	00	\$122.20	
88381	00	\$167.25	
88384	00	M	
88385	00	\$406.20	
88386	00	\$519.99	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 239

Proc	Mod	Payment Rate	Facility Rate
88387	00	\$24.93	
88388	00	\$14.91	
88399	TC	M	
88399	00	M	
88399	26	M	
88720	00	\$6.30	
88738	00	\$6.18	
88740	00	\$6.30	
88741	00	\$6.30	
89049	00	\$56.05	
89050	00	\$5.93	
89051	00	\$6.91	
89055	00	\$5.36	
89060	00	\$8.98	
89100	00	\$31.39	
89105	00	\$26.75	
89125	00	\$5.42	
89130	00	\$23.23	
89132	00	\$14.47	
89135	00	\$41.36	
89136	00	\$13.67	
89140	00	\$42.36	
89141	00	\$39.99	
89160	00	\$4.63	
89190	00	\$5.96	
89220	00	\$11.24	
89225	00	\$4.20	
89230	00	\$2.80	
89235	00	\$6.91	
89240	00	M	
89268	00	M	
89272	00	M	
89280	00	M	
89281	00	M	
89344	00	M	
89346	00	M	
89352	00	M	
89353	00	M	
89354	00	M	
89398	00	M	
90375	00	\$141.18	
90376	00	\$98.34	
90378	00	\$939.29	\$1,773.65
90470	FP	\$4.00	
90470	00	\$4.00	
90471	00	\$13.00	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 240

Proc	Mod	Payment Rate	Facility Rate
90472	00	\$13.00	
90473	00	\$13.00	
90474	00	\$13.00	
90585	00	\$144.44	
90586	00	\$144.44	
90632	00	\$62.35	
90636	00	\$84.61	
90655	00	\$15.98	
90656	00	\$11.19	
90657	00	\$15.98	
90658	00	\$11.19	
90660	00	\$19.26	
90675	00	\$158.88	
90676	00	M	
90703	00	\$21.31	
90732	00	\$33.81	
90733	00	\$98.70	
90734	00	\$100.83	
90740	00	\$107.32	
90743	00	\$22.88	
90744	00	\$16.72	
90746	00	\$60.12	
90747	00	\$158.55	
90748	00	\$43.58	
90801	00	\$126.45	\$107.07
90802	00	\$134.80	\$115.13
90804	HN	\$52.06	\$45.43
90804	HO	\$52.06	\$45.43
90804	HP	\$52.06	\$45.43
90804	00	\$55.48	\$47.52
90805	00	\$61.88	\$53.61
90806	HN	\$74.07	\$69.54
90806	HO	\$74.07	\$69.54
90806	HP	\$74.07	\$69.54
90806	00	\$77.98	\$72.96
90807	00	\$87.17	\$79.21
90808	00	\$114.75	\$109.74
90809	00	\$123.65	\$115.98
90810	00	\$58.91	\$51.83
90811	00	\$68.56	\$58.22
90812	00	\$84.80	\$77.43
90813	00	\$93.99	\$83.67
90814	00	\$123.05	\$115.97
90815	00	\$130.47	\$120.15
90816	00	\$51.77	
90817	00	\$57.57	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 241

Proc	Mod	Rate	Payment Facility Rate
90818	00	\$77.18	
90819	00	\$82.84	
90821	00	\$113.98	
90822	00	\$119.78	
90823	00	\$55.94	
90824	00	\$62.18	
90826	00	\$81.83	
90827	00	\$87.01	
90828	00	\$118.46	
90829	00	\$123.81	
90847	HN	\$85.49	\$81.18
90847	HO	\$85.49	\$81.18
90847	HP	\$85.49	\$81.18
90847	HQ	\$85.49	\$81.18
90847	00	\$90.32	\$85.26
90853	HN	\$24.25	\$22.81
90853	HO	\$24.25	\$22.81
90853	HP	\$24.25	\$22.81
90853	00	\$25.75	\$24.34
90853	52	\$12.88	\$12.17
90862	00	\$45.48	\$37.61
90870	00	\$111.41	\$71.23
90882	00	\$19.95	
90885	00	\$39.92	
90887	00	\$68.94	\$60.79
90899	00	M	
90901	00	\$27.05	\$16.37
90935	00	\$54.70	
90937	00	\$90.02	
90940	00	M	
90945	00	\$56.84	
90947	00	\$92.13	
90951	00	\$794.59	
90952	00	M	
90953	00	M	
90954	00	\$652.62	
90955	00	\$369.39	
90956	00	\$250.27	
90957	00	\$523.83	
90958	00	\$353.32	
90959	00	\$231.96	
90960	00	\$232.15	
90961	00	\$187.46	
90962	00	\$135.62	
90963	00	\$448.86	
90964	00	\$374.62	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 242

Proc	Mod	Payment Rate	Facility Rate
90965	00	\$356.45	
90966	00	\$185.49	
90967	00	\$16.06	
90968	00	\$12.54	
90969	00	\$12.22	
90970	00	\$6.45	
90989	00	\$356.25	
90993	00	\$35.62	
90997	00	\$73.64	
90999	00	M	
91000	TC	\$39.76	
91000	00	\$69.57	
91000	26	\$29.80	
91010	TC	\$91.31	
91010	00	\$146.10	
91010	26	\$54.77	
91011	TC	\$128.13	
91011	00	\$195.30	
91011	26	\$67.17	
91012	TC	\$133.61	
91012	00	\$198.27	
91012	26	\$64.66	
91020	TC	\$114.64	
91020	00	\$177.42	
91020	26	\$62.77	
91030	TC	\$66.03	
91030	00	\$106.61	
91030	26	\$40.58	
91034	TC	\$109.87	
91034	00	\$152.31	
91034	26	\$42.44	
91035	TC	\$288.31	
91035	00	\$357.85	
91035	26	\$69.54	
91037	TC	\$79.52	
91037	00	\$122.52	
91037	26	\$43.00	
91038	TC	\$59.85	
91038	00	\$108.57	
91038	26	\$48.72	
91040	TC	\$244.47	
91040	00	\$288.60	
91040	26	\$44.13	
91052	TC	\$61.54	
91052	00	\$94.88	
91052	26	\$33.35	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 243

Proc	Mod	Payment Facility	
		Rate	Rate
91055	TC	\$64.63	
91055	00	\$102.62	
91055	26	\$37.99	
91065	TC	\$41.31	
91065	00	\$49.90	
91065	26	\$8.59	
91105	00	\$60.78	\$13.85
91110	TC	\$531.25	
91110	00	\$691.20	
91110	26	\$159.95	
91120	TC	\$255.71	
91120	00	\$295.76	
91120	26	\$40.05	
91122	TC	\$104.80	
91122	00	\$178.92	
91122	26	\$74.12	
91123	00	M	
91132	00	M	
91133	00	M	
91299	00	M	
92002	00	\$54.55	\$36.00
92004	00	\$103.09	\$74.71
92012	00	\$57.47	\$38.09
92014	00	\$84.08	\$58.51
92015	00	\$25.41	\$15.57
92018	00	\$105.77	
92019	00	\$52.85	
92020	00	\$19.48	\$15.55
92020	52	\$9.74	\$7.78
92025	TC	\$10.25	
92025	00	\$24.91	
92025	26	\$14.65	
92070	00	\$48.68	
92081	TC	\$23.19	
92081	00	\$38.14	
92081	26	\$14.96	
92082	TC	\$32.17	
92082	00	\$50.46	
92082	26	\$18.28	
92083	TC	\$36.67	
92083	00	\$57.65	
92083	26	\$20.98	
92083	52	\$28.83	
92100	00	\$65.07	\$37.81
92120	00	\$53.78	\$33.55
92130	00	\$59.13	\$34.12

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 244

Proc	Mod	Payment Rate	Facility Rate
92135	TC	\$18.69	
92135	00	\$33.62	
92135	26	\$14.93	
92136	TC	\$36.38	
92136	00	\$59.44	
92136	26	\$23.07	
92140	00	\$41.78	\$20.43
92225	00	\$18.67	\$15.86
92226	00	\$16.84	\$14.03
92230	00	\$44.18	\$24.79
92235	TC	\$57.59	
92235	00	\$92.27	
92235	26	\$34.68	
92240	TC	\$110.01	
92240	00	\$157.19	
92250	TC	\$33.58	
92250	00	\$51.86	
92250	26	\$18.28	
92260	00	\$13.09	
92265	TC	\$24.17	
92265	00	\$56.86	
92265	26	\$32.71	
92270	TC	\$32.04	
92270	00	\$65.16	
92270	26	\$33.13	
92275	TC	\$53.95	
92275	00	\$96.93	
92275	26	\$42.98	
92285	TC	\$21.49	
92285	00	\$30.08	
92285	26	\$8.59	
92286	TC	\$58.45	
92286	00	\$86.22	
92286	26	\$27.77	
92287	00	\$82.45	\$34.12
92310	00	\$71.41	\$48.37
92311	00	\$69.04	\$43.46
92312	00	\$78.56	\$51.02
92313	00	\$66.19	\$37.81
92340	00	\$27.35	\$15.27
92499	00	M	
92502	00	\$74.79	
92504	00	\$21.74	\$7.69
92506	00	\$116.74	\$36.09
92511	00	\$114.71	\$46.14
92512	00	\$46.00	\$22.68

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 245

Proc	Mod	Payment Facility	
		Rate	Rate
92516	00	\$47.20	\$18.25
92520	00	\$47.28	\$31.83
92526	00	\$62.30	\$22.39
92540	00	\$60.25	
92541	TC	\$28.38	
92541	00	\$45.00	
92541	26	\$16.62	
92542	TC	\$32.88	
92542	00	\$46.62	
92542	26	\$13.74	
92543	TC	\$17.00	
92543	00	\$21.36	
92543	26	\$4.36	
92544	TC	\$26.69	
92544	00	\$37.43	
92544	26	\$10.73	
92545	TC	\$25.57	
92545	00	\$35.09	
92545	26	\$9.52	
92546	TC	\$50.86	
92546	00	\$62.81	
92546	26	\$11.95	
92547	00	\$3.64	
92548	TC	\$50.13	
92548	00	\$70.98	
92548	26	\$20.85	
92550	00	\$13.09	
92551	00	\$8.01	
92552	00	\$16.01	
92552	52	\$8.01	
92553	00	\$21.35	
92553	52	\$10.68	
92555	00	\$11.79	
92555	52	\$5.90	
92556	00	\$18.25	
92556	52	\$9.13	
92557	00	\$35.17	\$33.20
92557	52	\$17.59	\$16.60
92559	00	\$8.20	
92560	00	\$13.50	
92561	00	\$20.79	
92562	00	\$16.86	
92563	00	\$15.17	
92564	00	\$14.47	
92565	00	\$9.26	
92565	52	\$4.63	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 246

Proc	Mod	Payment Rate	Facility Rate
92567	00	\$13.49	\$12.09
92567	52	\$6.75	\$6.05
92568	00	\$14.33	
92568	52	\$7.17	
92570	00	\$19.94	
92571	00	\$12.07	
92572	00	\$13.06	
92575	00	\$26.41	
92576	00	\$15.58	
92577	00	\$12.49	
92579	00	\$35.19	\$32.94
92582	00	\$30.62	
92583	00	\$24.43	
92584	00	\$49.27	
92585	TC	\$55.61	
92585	00	\$76.59	
92585	26	\$20.98	
92585	52	\$38.30	
92586	00	\$46.05	
92587	TC	\$23.16	
92587	00	\$28.73	
92587	26	\$5.57	
92587	52	\$14.37	
92588	TC	\$32.99	
92588	00	\$47.95	
92588	26	\$14.96	
92588	52	\$23.98	
92590	00	\$43.50	
92591	00	\$46.55	
92592	00	\$18.46	
92593	00	\$18.46	
92594	00	\$9.97	
92595	00	\$9.97	
92601	00	\$124.01	\$113.90
92602	00	\$76.98	\$67.71
92603	00	\$112.07	\$102.80
92604	00	\$66.16	\$58.57
92605	00	M	
92606	00	M	
92607	00	\$116.47	
92608	00	\$22.05	
92609	00	\$61.82	
92610	00	\$59.56	
92611	00	\$64.90	
92612	00	\$121.16	\$54.00
92613	00	\$30.03	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 247

Proc	Mod	Payment Rate	Facility Rate
92614	00	\$108.23	\$54.00
92615	00	\$27.54	
92616	00	\$149.06	\$79.65
92617	00	\$33.13	
92620	00	\$59.44	
92621	00	\$13.80	
92625	00	\$47.04	
92640	00	\$62.59	
92700	00	M	
92950	00	\$217.54	\$145.03
92953	00	\$9.66	
92960	00	\$204.24	\$109.54
92961	00	\$213.55	
92970	00	\$149.58	
92971	00	\$84.96	
92973	00	\$151.28	
92974	00	\$138.68	
92975	00	\$332.36	
92977	00	\$97.97	
92978	TC	\$126.00	
92978	00	\$203.25	
92978	26	\$81.95	
92979	TC	\$63.75	
92979	00	\$125.25	
92979	26	\$66.01	
92980	00	\$689.19	
92981	00	\$191.78	
92982	00	\$510.93	
92984	00	\$136.89	
92986	00	\$1,128.52	
92987	00	\$1,167.87	
92990	00	\$898.99	
92992	00	\$530.00	
92993	00	\$1,026.08	
92995	00	\$563.04	
92996	00	\$148.58	
92997	00	\$524.65	
92998	00	\$268.07	
93000	00	\$16.37	
93005	00	\$8.99	
93010	FP	\$7.38	
93010	00	\$7.38	
93012	00	\$139.35	
93014	00	\$22.87	
93015	00	\$78.31	
93016	00	\$20.13	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 248

Proc	Mod	Payment Rate	Facility Rate
93016	26	\$33.00	
93017	00	\$44.80	
93018	00	\$13.38	
93024	TC	\$44.67	
93024	00	\$96.68	
93024	26	\$52.02	
93025	00	\$166.27	
93040	00	\$10.58	
93041	00	\$4.08	
93042	00	\$6.51	
93224	00	\$91.11	
93225	00	\$26.68	
93226	00	\$41.00	
93227	00	\$23.44	
93228	00	\$21.18	
93229	00	M	
93230	00	\$93.07	
93231	00	\$26.53	
93232	00	\$43.95	
93233	00	\$22.59	
93235	00	\$94.50	
93236	00	\$84.75	
93237	00	\$20.13	
93268	00	\$204.35	
93270	00	\$15.72	
93271	00	\$166.04	
93272	00	\$22.59	
93278	TC	\$20.07	
93278	00	\$30.77	
93278	26	\$10.71	
93279	TC	\$14.89	
93279	00	\$44.60	
93279	26	\$29.71	
93280	TC	\$17.28	
93280	00	\$52.96	
93280	26	\$35.68	
93281	TC	\$20.23	
93281	00	\$61.90	
93281	26	\$41.68	
93282	TC	\$18.26	
93282	00	\$57.12	
93282	26	\$38.86	
93283	TC	\$20.79	
93283	00	\$69.64	
93283	26	\$48.86	
93284	TC	\$23.60	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 249

Proc	Mod	Payment Rate	Facility Rate
93284	00	\$81.75	
93284	26	\$58.15	
93285	TC	\$14.04	
93285	00	\$38.31	
93285	26	\$24.28	
93286	TC	\$9.27	
93286	00	\$21.66	
93286	26	\$12.39	
93287	TC	\$10.39	
93287	00	\$28.70	
93287	26	\$18.31	
93288	TC	\$14.32	
93288	00	\$34.26	
93288	26	\$19.94	
93289	TC	\$17.28	
93289	00	\$53.27	
93289	26	\$35.99	
93290	TC	\$7.86	
93290	00	\$25.40	
93290	26	\$17.55	
93291	TC	\$12.78	
93291	00	\$32.86	
93291	26	\$20.08	
93292	TC	\$9.83	
93292	00	\$29.76	
93292	26	\$19.94	
93293	TC	\$31.87	
93293	00	\$45.73	
93293	26	\$13.85	
93294	00	\$30.13	
93295	00	\$54.55	
93296	00	\$28.24	
93297	00	\$21.18	
93298	00	\$24.28	
93299	00	M	
93303	TC	\$113.06	
93303	00	\$169.95	
93303	26	\$56.90	
93304	TC	\$72.89	
93304	00	\$105.14	
93304	26	\$32.25	
93306	TC	\$147.89	
93306	00	\$207.03	
93306	26	\$59.14	
93307	TC	\$95.92	
93307	00	\$136.96	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 250

Proc	Mod	Payment Rate	Facility Rate
93307	26	\$41.03	
93308	TC	\$62.50	
93308	00	\$86.52	
93308	26	\$24.02	
93312	00	\$254.90	
93312	26	\$95.76	
93313	00	\$34.23	
93314	00	\$217.29	
93314	26	\$54.22	
93315	TC	\$126.75	
93315	00	\$264.75	
93315	26	\$122.60	
93316	00	\$37.46	
93317	TC	\$126.75	
93317	00	\$216.00	
93317	26	\$76.14	
93318	26	\$92.37	
93320	TC	\$43.25	
93320	00	\$60.23	
93320	26	\$16.99	
93321	TC	\$19.65	
93321	00	\$26.41	
93321	26	\$6.76	
93325	TC	\$36.07	
93325	00	\$39.22	
93325	26	\$3.16	
93325	99	\$2.91	
93350	TC	\$100.44	
93350	00	\$166.64	
93350	26	\$66.21	
93351	00	\$216.21	
93351	26	\$84.47	
93352	00	\$30.05	
93501	TC	\$478.90	
93501	00	\$617.07	
93501	26	\$138.17	
93503	00	\$93.03	
93505	TC	\$388.05	
93505	00	\$587.88	
93505	26	\$199.83	
93508	TC	\$633.41	
93508	00	\$825.13	
93508	26	\$191.71	
93510	TC	\$812.34	
93510	00	\$1,014.56	
93510	26	\$202.22	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 251

Proc	Mod	Payment Rate	Facility Rate
93511	TC	\$979.50	
93511	00	\$1,193.25	
93511	26	\$234.45	
93514	00	\$1,279.50	
93514	26	\$322.93	
93524	TC	\$1,279.50	
93524	00	\$1,581.75	
93524	26	\$323.34	
93526	TC	\$1,023.08	
93526	00	\$1,301.77	
93526	26	\$278.69	
93527	TC	\$1,279.50	
93527	00	\$1,613.25	
93527	26	\$337.65	
93528	TC	\$1,279.50	
93528	00	\$1,661.25	
93528	26	\$401.79	
93529	TC	\$1,279.50	
93529	00	\$1,486.50	
93529	26	\$223.67	
93530	TC	\$460.50	
93530	00	\$645.75	
93530	26	\$190.83	
93531	TC	\$1,577.25	
93531	00	\$2,007.75	
93531	26	\$373.77	
93532	00	\$1,712.25	
93532	26	\$443.34	
93533	00	\$1,863.75	
93533	26	\$298.31	
93539	00	\$63.41	\$18.16
93540	00	\$187.14	\$19.66
93541	00	\$13.06	
93542	00	\$113.67	\$13.06
93543	00	\$62.53	\$13.06
93544	00	\$45.55	\$11.55
93545	00	\$131.13	\$18.16
93555	TC	\$52.19	
93555	00	\$88.98	
93555	26	\$36.78	
93556	TC	\$85.46	
93556	00	\$123.14	
93556	26	\$37.69	
93561	TC	\$15.00	
93561	00	\$37.50	
93561	26	\$19.72	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 252

Proc	Mod	Payment Rate	Facility Rate
93562	TC	\$9.00	
93562	00	\$15.75	
93562	26	\$6.23	
93571	TC	\$125.25	
93571	00	\$199.50	
93571	26	\$81.67	
93572	00	\$123.00	
93572	26	\$64.33	
93580	00	\$828.43	
93581	00	\$1,086.33	
93600	TC	\$165.75	
93600	00	\$264.75	
93600	26	\$96.91	
93602	TC	\$117.75	
93602	00	\$213.00	
93602	26	\$96.49	
93603	TC	\$140.25	
93603	00	\$238.50	
93603	26	\$96.63	
93609	TC	\$75.75	
93609	00	\$492.75	
93609	26	\$228.75	
93610	TC	\$105.00	
93610	00	\$238.50	
93610	26	\$137.18	
93612	TC	\$99.75	
93612	00	\$233.25	
93612	26	\$136.47	
93613	00	\$321.38	
93615	TC	\$9.00	
93615	00	\$48.75	
93615	26	\$44.33	
93616	00	\$73.50	
93616	26	\$57.29	
93618	TC	\$110.25	
93618	00	\$309.00	
93618	26	\$196.39	
93619	TC	\$257.25	
93619	00	\$667.50	
93619	26	\$339.18	
93620	00	\$1,365.00	
93620	26	\$533.21	
93621	26	\$96.44	
93622	26	\$141.07	
93623	00	\$337.50	
93623	26	\$130.79	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 253

Proc	Mod	Payment Rate	Facility Rate
93624	TC	\$54.75	
93624	00	\$262.50	
93624	26	\$222.86	
93631	00	\$509.25	
93631	26	\$326.40	
93640	TC	\$198.75	
93640	00	\$362.25	
93640	26	\$160.53	
93641	TC	\$198.75	
93641	00	\$476.25	
93641	26	\$271.63	
93642	TC	\$150.53	
93642	00	\$374.50	
93642	26	\$223.98	
93650	00	\$489.19	
93651	00	\$744.70	
93652	00	\$810.36	
93660	00	\$137.85	
93660	26	\$85.59	
93662	00	\$221.25	
93662	26	\$126.88	
93701	TC	\$19.25	
93701	00	\$26.63	
93701	26	\$7.38	
93720	00	\$35.47	
93721	00	\$28.65	
93722	00	\$6.82	
93724	TC	\$49.12	
93724	00	\$269.45	
93724	26	\$220.32	
93745	TC	M	
93745	00	M	
93745	26	M	
93750	00	\$33.06	\$29.08
93784	00	\$51.54	
93786	00	\$22.90	
93788	00	\$12.79	
93790	00	\$15.86	
93797	00	\$14.43	\$7.97
93798	00	\$20.91	\$12.48
93799	00	M	
93875	TC	\$68.69	
93875	00	\$77.90	
93875	26	\$9.21	
93880	TC	\$115.87	
93880	00	\$141.21	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 254

Proc	Mod	Payment Rate	Facility Rate
93880	26	\$25.34	
93882	TC	\$108.43	
93882	00	\$125.04	
93882	26	\$16.62	
93886	TC	\$116.01	
93886	00	\$154.71	
93886	26	\$38.70	
93888	TC	\$47.19	
93888	00	\$73.30	
93888	26	\$26.10	
93890	TC	\$73.59	
93890	00	\$114.71	
93890	26	\$41.12	
93892	TC	\$73.73	
93892	00	\$120.62	
93892	26	\$46.90	
93893	TC	\$73.73	
93893	00	\$120.91	
93893	26	\$47.18	
93922	TC	\$82.17	
93922	00	\$92.45	
93922	26	\$10.28	
93923	TC	\$123.88	
93923	00	\$142.61	
93923	26	\$18.72	
93924	TC	\$154.36	
93924	00	\$175.62	
93924	26	\$21.26	
93925	TC	\$116.44	
93925	00	\$140.60	
93925	26	\$24.17	
93926	TC	\$74.30	
93926	00	\$90.60	
93926	26	\$16.31	
93930	TC	\$115.72	
93930	00	\$135.04	
93930	26	\$19.32	
93931	TC	\$73.87	
93931	00	\$86.71	
93931	26	\$12.84	
93965	TC	\$80.34	
93965	00	\$94.85	
93965	26	\$14.51	
93970	TC	\$115.44	
93970	00	\$143.83	
93970	26	\$28.39	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 255

Proc	Mod	Payment Rate	Facility Rate
93971	TC	\$73.59	
93971	00	\$92.46	
93971	26	\$18.87	
93975	TC	\$116.15	
93975	00	\$192.05	
93975	26	\$75.90	
93976	TC	\$115.02	
93976	00	\$165.60	
93976	26	\$50.59	
93978	TC	\$115.44	
93978	00	\$142.61	
93978	26	\$27.18	
93979	TC	\$73.87	
93979	00	\$92.15	
93979	26	\$18.28	
93980	TC	\$88.17	
93980	00	\$141.81	
93980	26	\$53.65	
93981	TC	\$79.60	
93981	00	\$98.02	
93981	26	\$18.42	
93982	00	\$31.65	
93990	TC	\$74.44	
93990	00	\$84.58	
93990	26	\$10.14	
94002	00	\$72.81	
94003	00	\$52.60	
94004	00	\$38.31	
94010	TC	\$18.83	
94010	00	\$25.64	
94010	26	\$6.82	
94011	00	\$61.87	
94012	00	\$95.24	
94013	00	\$20.02	
94014	00	\$38.74	
94015	00	\$18.12	
94016	00	\$20.62	
94060	TC	\$32.87	
94060	00	\$44.87	
94060	26	\$12.01	
94070	TC	\$23.31	
94070	00	\$46.83	
94070	26	\$23.52	
94150	TC	\$14.19	
94150	00	\$17.34	
94150	26	\$3.16	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 256

Proc	Mod	Payment Rate	Facility Rate
94200	TC	\$12.93	
94200	00	\$17.31	
94200	26	\$4.39	
94240	TC	\$20.08	
94240	00	\$30.25	
94240	26	\$10.17	
94250	TC	\$14.47	
94250	00	\$18.86	
94250	26	\$4.39	
94260	TC	\$19.10	
94260	00	\$24.11	
94260	26	\$5.01	
94350	TC	\$16.86	
94350	00	\$27.02	
94350	26	\$10.17	
94360	TC	\$23.31	
94360	00	\$33.48	
94360	26	\$10.17	
94370	TC	\$16.01	
94370	00	\$26.19	
94370	26	\$10.17	
94375	TC	\$17.14	
94375	00	\$29.14	
94375	26	\$12.01	
94400	TC	\$25.00	
94400	00	\$40.91	
94400	26	\$15.91	
94450	TC	\$24.17	
94450	00	\$39.65	
94450	26	\$15.50	
94610	00	\$49.97	
94620	TC	\$30.61	
94620	00	\$55.93	
94620	26	\$25.33	
94621	TC	\$69.11	
94621	00	\$127.19	
94621	26	\$58.08	
94640	00	\$10.11	
94642	00	\$26.25	
94644	00	\$26.13	
94645	00	\$10.11	
94660	00	\$45.20	\$29.75
94662	00	\$29.61	
94664	00	\$10.95	
94667	00	\$15.31	
94668	00	\$14.61	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 257

Proc	Mod	Payment Rate	Facility Rate
94680	TC	\$34.27	
94680	00	\$44.44	
94680	26	\$10.17	
94681	TC	\$39.88	
94681	00	\$47.63	
94681	26	\$7.75	
94690	TC	\$35.68	
94690	00	\$38.55	
94690	26	\$2.87	
94720	TC	\$29.50	
94720	00	\$39.66	
94720	26	\$10.17	
94725	TC	\$40.72	
94725	00	\$50.89	
94725	26	\$10.17	
94750	TC	\$45.80	
94750	00	\$54.76	
94750	26	\$8.96	
94760	00	\$1.96	
94761	00	\$3.64	
94762	00	\$21.62	
94772	00	\$256.50	
94772	26	\$100.50	
94774	TC	M	
94774	00	M	
94774	26	M	
94775	00	M	
94776	00	M	
94777	00	\$34.50	
94799	00	M	
95004	00	\$4.39	
95010	00	\$13.50	
95015	00	\$10.13	
95024	00	\$5.23	
95027	00	\$3.54	
95028	00	\$8.29	
95044	00	\$4.64	
95052	00	\$5.19	
95056	00	\$26.56	
95060	00	\$17.70	
95065	00	\$16.16	
95070	00	\$32.88	
95071	00	\$40.75	
95075	00	\$50.68	\$38.87
95115	00	\$7.86	
95117	00	\$9.55	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 258

Proc	Mod	Payment Rate	Facility Rate
95144	00	\$9.02	\$2.56
95145	00	\$11.83	\$2.56
95146	00	\$19.42	\$2.56
95147	00	\$18.86	\$2.56
95148	00	\$26.45	\$2.56
95149	00	\$34.60	\$2.56
95165	00	\$9.02	\$2.56
95170	00	\$7.06	\$2.56
95180	00	\$113.48	\$87.07
95199	00	M	
95250	00	\$99.90	
95803	00	M	
95805	TC	\$252.56	
95805	00	\$327.86	
95805	26	\$75.29	
95806	TC	\$95.61	
95806	00	\$162.26	
95806	26	\$66.65	
95807	TC	\$316.05	
95807	00	\$382.13	
95807	26	\$66.08	
95808	TC	\$396.70	
95808	00	\$502.62	
95808	26	\$105.92	
95810	TC	\$460.21	
95810	00	\$599.85	
95810	26	\$139.64	
95811	TC	\$510.93	
95811	00	\$661.05	
95811	26	\$150.11	
95812	TC	\$139.78	
95812	00	\$183.95	
95812	26	\$44.16	
95813	TC	\$156.37	
95813	00	\$226.72	
95813	26	\$70.36	
95816	TC	\$124.75	
95816	00	\$168.91	
95816	26	\$44.16	
95819	TC	\$137.12	
95819	00	\$181.28	
95819	26	\$44.16	
95822	TC	\$136.12	
95822	00	\$180.29	
95822	26	\$44.16	
95824	TC	\$11.25	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 259

Proc	Mod	Payment Rate	Facility Rate
95824	00	\$43.50	
95824	26	\$30.25	
95827	TC	\$246.98	
95827	00	\$290.73	
95827	26	\$43.75	
95829	TC	\$688.49	
95829	00	\$943.92	
95829	26	\$255.43	
95830	00	\$139.12	\$69.43
95831	00	\$20.35	\$11.64
95832	00	\$19.11	\$12.08
95833	00	\$28.35	\$19.35
95834	00	\$33.63	\$24.36
95851	00	\$12.97	\$6.51
95852	00	\$10.01	\$4.68
95857	00	\$33.02	\$22.06
95860	TC	\$24.17	
95860	00	\$64.47	
95860	26	\$40.30	
95861	TC	\$29.21	
95861	00	\$93.69	
95861	26	\$64.47	
95863	TC	\$34.55	
95863	00	\$111.78	
95863	26	\$77.24	
95864	TC	\$44.94	
95864	00	\$127.58	
95864	26	\$82.64	
95865	TC	\$23.74	
95865	00	\$90.12	
95865	26	\$66.38	
95866	00	\$73.60	
95867	TC	\$23.03	
95867	00	\$55.82	
95867	26	\$32.78	
95868	TC	\$27.95	
95868	00	\$76.76	
95868	26	\$48.81	
95869	TC	\$19.95	
95869	00	\$35.35	
95869	26	\$15.40	
95870	TC	\$19.10	
95870	00	\$34.51	
95870	26	\$15.40	
95872	TC	\$20.08	
95872	00	\$134.40	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 260

Proc	Mod	Payment Rate	Facility Rate
95872	26	\$114.32	
95873	TC	\$19.67	
95873	00	\$35.91	
95873	26	\$16.25	
95874	TC	\$18.26	
95874	00	\$33.95	
95874	26	\$15.69	
95875	TC	\$28.09	
95875	00	\$73.30	
95875	26	\$45.21	
95900	TC	\$23.88	
95900	00	\$41.40	
95900	26	\$17.52	
95903	TC	\$24.17	
95903	00	\$48.81	
95903	26	\$24.65	
95904	TC	\$22.20	
95904	00	\$36.39	
95904	26	\$14.20	
95905	00	\$46.53	
95920	TC	\$32.16	
95920	00	\$119.77	
95920	26	\$87.61	
95921	TC	\$21.64	
95921	00	\$58.26	
95921	26	\$36.62	
95922	TC	\$30.35	
95922	00	\$69.52	
95922	26	\$39.18	
95923	TC	\$53.39	
95923	00	\$90.43	
95923	26	\$37.04	
95925	TC	\$68.28	
95925	00	\$90.64	
95925	26	\$22.36	
95926	TC	\$66.87	
95926	00	\$89.09	
95926	26	\$22.22	
95927	TC	\$68.56	
95927	00	\$91.19	
95927	26	\$22.64	
95928	TC	\$86.13	
95928	00	\$147.25	
95928	26	\$61.13	
95929	TC	\$93.71	
95929	00	\$155.12	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 261

Proc	Mod	Payment Rate	Facility Rate
95929	26	\$61.40	
95930	TC	\$65.89	
95930	00	\$80.40	
95930	26	\$14.51	
95933	TC	\$25.28	
95933	00	\$49.75	
95933	26	\$24.48	
95934	TC	\$16.57	
95934	00	\$37.73	
95934	26	\$21.16	
95936	TC	\$10.67	
95936	00	\$33.49	
95936	26	\$22.82	
95937	TC	\$17.14	
95937	00	\$44.59	
95937	26	\$27.45	
95950	TC	\$120.32	
95950	00	\$182.04	
95950	26	\$61.71	
95951	TC	\$485.25	
95951	00	\$727.50	
95951	26	\$245.30	
95953	TC	\$177.65	
95953	00	\$311.86	
95953	26	\$134.21	
95954	TC	\$100.59	
95954	00	\$194.12	
95954	26	\$93.53	
95955	TC	\$65.58	
95955	00	\$106.31	
95955	26	\$40.73	
95956	TC	\$420.17	
95956	00	\$546.30	
95956	26	\$126.13	
95957	TC	\$121.09	
95957	00	\$202.30	
95957	26	\$81.20	
95958	TC	\$127.98	
95958	00	\$301.74	
95958	26	\$173.76	
95961	TC	\$53.80	
95961	00	\$181.23	
95961	26	\$127.43	
95962	TC	\$35.81	
95962	00	\$169.32	
95962	26	\$133.50	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 262

Proc	Mod	Payment Facility	
		Rate	Rate
95965	26	\$334.57	
95966	26	\$166.86	
95967	26	\$143.06	
95970	00	\$39.10	\$18.03
95971	00	\$45.39	\$32.47
95972	00	\$81.06	\$61.67
95973	00	\$44.68	\$36.81
95974	00	\$137.98	\$121.68
95975	00	\$76.31	\$69.85
95978	00	\$163.88	\$142.80
95979	00	\$73.62	\$67.15
95980	00	\$32.81	
95981	00	\$21.95	\$12.95
95982	00	\$34.62	\$26.47
95990	00	\$44.67	
95991	00	\$68.83	\$29.77
95992	00	M	
95999	00	M	
96000	00	\$71.12	
96001	00	\$84.37	
96002	00	\$16.65	
96003	00	\$14.56	
96004	00	\$90.10	
96101	HP	\$79.25	\$78.67
96101	00	\$70.47	\$70.18
96102	00	\$41.22	\$19.02
96103	00	\$37.17	\$19.75
96105	00	\$54.76	
96110	00	\$7.55	
96111	00	\$106.46	\$104.21
96116	00	\$77.32	\$73.39
96118	00	\$87.16	\$71.71
96119	00	\$56.92	\$23.20
96120	00	\$54.59	\$19.75
96150	00	\$19.02	\$18.74
96151	00	\$18.40	\$18.12
96152	00	\$17.50	\$17.22
96153	00	\$4.09	\$3.80
96154	00	\$17.19	\$16.91
96360	00	\$43.62	
96361	00	\$12.62	
96365	00	\$53.29	
96366	00	\$17.10	
96367	00	\$26.96	
96368	00	\$15.94	
96369	00	\$116.38	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 263

Proc	Mod	Payment Rate	Facility Rate
96370	00	\$12.32	
96371	00	\$56.34	
96372	FP	\$4.00	
96372	00	\$4.00	
96373	00	\$14.26	
96374	00	\$42.39	
96375	00	\$18.27	
96376	00	\$18.08	
96401	00	\$53.02	
96402	00	\$29.08	
96405	00	\$66.85	\$23.57
96406	00	\$92.67	\$34.50
96409	00	\$86.95	
96411	00	\$49.47	
96413	00	\$114.61	
96415	00	\$25.69	
96416	00	\$124.80	
96417	00	\$56.94	
96420	00	\$83.38	
96422	00	\$134.81	
96423	00	\$60.63	
96425	00	\$132.84	
96440	00	\$470.41	\$107.62
96445	00	\$226.70	\$95.47
96450	00	\$165.33	\$71.74
96521	00	\$98.68	
96522	00	\$83.78	
96523	00	\$19.64	
96542	00	\$105.73	\$36.59
96549	00	M	
96567	00	\$90.48	
96570	00	\$46.88	
96571	00	\$22.82	
96900	00	\$14.89	
96904	00	\$49.88	
96910	00	\$48.32	
96912	00	\$61.95	
96913	00	\$85.69	
96920	00	\$127.84	\$52.53
96921	00	\$125.22	\$52.16
96922	00	\$186.53	\$93.23
96999	00	M	
97110	00	\$22.94	
97112	00	\$23.65	
97116	00	\$20.13	
97124	00	\$18.30	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 264

Proc	Mod	Rate	Rate
97139	00	\$9.00	
97140	00	\$21.35	
97150	00	\$14.41	
97530	00	\$24.18	
97532	00	\$19.97	
97533	00	\$21.37	
97535	00	\$24.21	
97537	00	\$21.96	
97542	00	\$22.25	
97597	00	\$46.50	\$25.99
97598	00	\$57.83	\$34.78
97602	00	\$9.32	
97605	00	\$28.29	\$21.55
97606	00	\$30.26	\$23.52
97760	00	\$25.89	
97761	00	\$23.23	
97762	00	\$26.30	
97799	00	M	
97802	00	\$24.17	\$22.76
98925	00	\$22.66	\$17.89
98926	00	\$31.25	\$26.20
98927	00	\$40.61	\$34.43
98928	00	\$47.68	\$40.65
98929	00	\$54.75	\$47.15
99058	00	\$35.25	
99070	00	\$6.65	
99071	FP	\$3.00	
99071	00	\$3.00	
99082	00	M	
99143	00	\$45.00	
99144	00	\$45.00	
99145	00	\$22.50	
99148	00	\$91.57	
99149	00	\$74.92	
99150	00	\$33.30	
99170	00	\$114.68	\$77.31
99175	00	\$18.81	
99183	00	\$152.07	\$92.78
99195	00	\$54.52	
99199	00	M	
99201	FP	\$29.55	\$19.15
99201	P4	\$29.55	\$19.15
99201	00	\$29.55	\$19.15
99202	FP	\$51.31	\$36.98
99202	P4	\$51.31	\$36.98
99202	00	\$51.31	\$36.98

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 265

Proc	Mod	Payment Facility	
		Rate	Rate
99203	FP	\$74.28	\$55.74
99203	P4	\$74.28	\$55.74
99203	00	\$74.28	\$55.74
99204	FP	\$115.43	\$93.79
99204	P4	\$115.43	\$93.79
99204	00	\$115.43	\$93.79
99205	FP	\$145.99	\$122.10
99205	P4	\$145.99	\$122.10
99205	00	\$145.99	\$122.10
99211	FP	\$14.96	\$7.10
99211	P4	\$14.96	\$7.10
99211	00	\$14.96	\$7.10
99212	FP	\$29.82	\$18.87
99212	P4	\$29.82	\$18.87
99212	00	\$29.82	\$18.87
99213	FP	\$50.03	\$37.10
99213	P4	\$50.03	\$37.10
99213	00	\$50.03	\$37.10
99214	FP	\$75.37	\$57.38
99214	P4	\$75.37	\$57.38
99214	00	\$75.37	\$57.38
99215	FP	\$101.92	\$81.41
99215	P4	\$101.92	\$81.41
99215	00	\$101.92	\$81.41
99217	00	\$54.87	
99218	00	\$51.77	
99219	00	\$85.74	
99220	00	\$120.25	
99221	00	\$74.46	
99222	00	\$101.58	
99223	00	\$149.67	
99231	P4	\$30.74	
99231	00	\$30.74	
99232	P4	\$55.47	
99232	00	\$55.47	
99233	P4	\$79.45	
99233	00	\$79.45	
99234	00	\$104.81	
99235	00	\$137.77	
99236	00	\$171.29	
99238	FP	\$54.72	
99238	00	\$54.72	
99239	00	\$79.58	
99241	P4	\$39.09	\$27.00
99241	TF	\$37.28	\$24.91
99241	00	\$39.09	\$27.00

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 266

Proc	Mod	Payment Facility	
		Rate	Rate
99242	FP	\$73.30	\$57.00
99242	P4	\$73.30	\$57.00
99242	TF	\$69.58	\$52.60
99242	00	\$73.30	\$57.00
99243	FP	\$100.86	\$79.50
99243	P4	\$100.86	\$79.50
99243	TF	\$95.68	\$73.54
99243	00	\$100.86	\$79.50
99244	P4	\$150.12	\$126.51
99244	TF	\$141.30	\$116.00
99244	00	\$150.12	\$126.51
99245	FP	\$184.47	\$157.78
99245	P4	\$184.47	\$157.78
99245	TF	\$174.31	\$145.55
99245	00	\$184.47	\$157.78
99251	P4	\$40.14	
99251	00	\$40.14	
99252	P4	\$62.10	
99252	00	\$62.10	
99253	P4	\$94.41	
99253	00	\$94.41	
99254	P4	\$136.72	
99254	00	\$136.72	
99255	P4	\$166.46	
99255	00	\$166.46	
99281	P4	\$16.76	
99281	00	\$16.76	
99282	P4	\$32.63	
99282	00	\$32.63	
99283	P4	\$50.40	
99283	00	\$50.40	
99284	P4	\$94.55	
99284	00	\$94.55	
99285	P4	\$140.44	
99285	00	\$140.44	
99288	00	\$10.45	
99288	26	\$10.45	
99291	00	\$207.96	\$175.36
99292	00	\$94.35	\$87.61
99304	00	\$66.37	
99305	00	\$92.82	
99306	00	\$119.31	
99307	00	\$32.70	
99308	00	\$50.03	
99309	00	\$66.33	
99310	00	\$98.17	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
PHYSICIAN MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 01/01/2010
M=MANUAL PRICING

PAGE 267

Proc	Mod	Rate	Rate
99315	00	\$47.82	
99316	00	\$62.53	
99318	00	\$69.47	
99324	00	\$44.38	
99325	00	\$64.70	
99326	00	\$107.13	
99327	00	\$139.75	
99328	00	\$164.48	
99334	00	\$45.83	
99335	00	\$71.04	
99336	00	\$100.03	
99337	00	\$143.75	
99341	P4	\$44.38	
99341	00	\$44.38	
99342	P4	\$64.70	
99342	00	\$64.70	
99343	P4	\$104.31	
99343	00	\$104.31	
99344	P4	\$136.99	
99344	00	\$136.99	
99345	P4	\$164.77	
99345	00	\$164.77	
99347	P4	\$43.37	
99347	00	\$43.37	
99348	P4	\$65.51	
99348	00	\$65.51	
99349	P4	\$95.43	
99349	00	\$95.43	
99350	P4	\$133.04	
99350	00	\$133.04	
99354	00	\$75.68	\$71.74
99356	00	\$69.19	
99360	00	\$49.15	
99381	00	\$83.59	\$53.11
99382	00	\$90.67	\$60.88
99383	00	\$89.30	\$60.88
99384	FP	\$97.23	
99384	00	\$97.23	\$68.46
99385	FP	\$97.23	
99385	00	\$97.23	\$68.46
99386	FP	\$113.98	
99386	00	\$113.98	\$84.20
99387	00	\$124.15	\$91.62
99391	00	\$67.10	\$45.53
99392	00	\$75.03	\$53.11
99393	00	\$74.34	\$53.11

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

SC DEPT OF HEALTH AND HUMAN SERVICES
 PHYSICIAN MEDICAID PAYMENT SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE 01/01/2010
 M=MANUAL PRICING

PAGE 268

Proc	Mod	Payment Rate	Facility Rate
99394	00	\$81.77	\$60.88
99395	00	\$82.45	
99396	00	\$90.38	\$68.46
99397	00	\$100.92	\$76.61
99401	FP	\$28.52	\$19.81
99401	00	\$28.52	\$19.81
99402	FP	\$49.50	\$40.23
99402	00	\$49.50	\$40.23
99403	HQ	\$65.96	\$54.75
99403	00	\$69.73	\$60.17
99404	HQ	\$84.74	\$72.95
99404	00	\$90.12	\$80.28
99408	00	\$27.61	
99409	00	\$54.22	
99420	TG	\$100.00	
99460	00	\$46.53	
99461	00	\$68.43	\$51.85
99462	00	\$24.85	
99463	00	\$62.25	
99464	00	\$58.60	
99465	00	\$119.80	
99466	00	\$191.24	
99467	00	\$95.49	
99468	00	\$715.65	
99469	00	\$314.36	
99471	00	\$636.76	
99472	00	\$316.16	
99475	00	\$439.40	
99476	00	\$262.39	
99477	00	\$279.16	
99478	00	\$113.22	
99479	00	\$99.71	
99480	00	\$95.91	
99499	00	M	
99500	00	M	
99502	00	M	
99503	00	M	
99504	00	M	
99505	00	M	
99506	00	M	
99507	00	M	
99509	00	M	
99510	00	M	
99511	00	M	
99512	00	M	
99602	00	M	

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION